

# 7TH ANNUAL REPORT TO THE CONGRESS

FISCAL YEAR 1981

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Office of Health Maintenance Organizations





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**OFFICE OF HEALTH MAINTENANCE ORGANIZATIONS**  
**SEVENTH ANNUAL REPORT TO THE CONGRESS**



## INTRODUCTION

In 1981, the Administration determined that the Federal Health Maintenance Organization (HMO) program had achieved its goal of demonstrating that, given access to capital and technical assistance, the performance of the prototype HMOs could be replicated. In his remarks before the Private Investors Conference on Health Maintenance Organizations on October 21, 1981, DHHS Secretary Richard S. Schweiker noted, "Today, with HMOs established and operating throughout the country, our Federal job is done. It's time to shift the initiative back to the private sector where it belongs."

On this basis, the Administration proposed that the developmental grant authority should be terminated, with return of the responsibility for future HMO growth to the private sector. The qualification, compliance, loan and training and technical assistance functions of the Office of Health Maintenance Organizations (OHMO) were proposed for continuation. The Congress, in passing the Omnibus Budget Reconciliation Act, signed by the President on August 13, 1981, basically agreed with the Administration, although it did authorize a 3-year phaseout of the grant activity at a low level of funding. However, it is likely that there will be no further appropriations and so grant funds awarded in FY 1981 will bring to a close that phase of Federal support for HMO development.

In the decade since the Federal HMO initiative was launched, the number of HMOs has increased from 30 to 243 and HMO enrollment has grown from about 3,000,000 to over 10,000,000 persons. Federally qualified HMOs numbered 130 at the end of FY 1981, with an enrollment of 6.9 million.

The Federal investment in HMO development and expansion since passage of the HMO Act has amounted to \$145,186,454 in grants and \$193,349,300 in loans and loan guarantees for a total of \$338,535,754. During the same period it is estimated that private sector investment in HMOs has amounted to \$1.0 billion, nearly three times the Federal investment.

The Congressional Budget Office has estimated that HMO enrollment will reach 33 million by 1989 and that a capital investment of \$5.5 billion will be needed to provide that service capacity. Therefore, while the OHMO will continue to perform its statutory functions of qualification and compliance and loan monitoring through 1984, it will also undertake actions to educate and stimulate the private investment community to participate in the HMO industry and maintain the momentum of growth developed over the past 10 years.



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SUMMARY

- Enrollment in HMOs grew an average of 13.2 percent over the past year. A total of 10.3 million people were enrolled in 243 HMOs as of June 30, 1981.
- At the close of the fiscal year there were 130 qualified HMOs in operation serving approximately 6.9 million enrollees. Of these, 38 were staff models, 37 medical group models, and 55 Individual Practice Associations (IPAs).
- Qualification of 12 HMOs was revoked during the year because of inability to meet the fiscal viability requirement of the statute. Four of these were reorganized and are managed under new auspices. Of those HMOs whose qualification was revoked, 11 defaulted on their loans, causing a loss to the HMO loan program of \$20.4 million.
- Twenty-six HMOs representing seventeen States were qualified in FY 1981.
- Forty-two grants and twenty-five supplemental grants totaling \$17,431,974 were awarded to forty-six organizations in FY 1981. Of the funds awarded, 3.5 percent were for feasibility studies, 3.5 percent for planning activities, and 93 percent for initial development activities. About 20 percent of the total funds were awarded for the expansion of federally qualified HMOs. Beginning in FY 1982 no further grant activity will be undertaken.
- Loans and loan supplements totaling \$15,995,000 were made to 12 organizations. One supplemental loan guarantee in the amount of \$950,000 was made.
- The National HMO Management Fellowship Program trained 2 classes totaling 53 individuals; of these, 35 were placed.

- o Technical assistance was provided to HMOs to improve managerial arrangements and ensure growth and financial viability. Under contract to OHMO, a corps of executives from successful HMOs has continued to provide guidance to HMOs experiencing difficulties.
- o Through the National HMO Industry Council and other approaches, efforts were made to stimulate private investment in HMOs. Public awareness campaigns were launched in several locations to stimulate business and community interest.
- o With the passage of the HMO Amendments of 1981, the competitive position of HMOs was improved by removal of the requirement for open enrollment and provision of additional flexibility in ratesetting.
- o The qualification, compliance, loan, loan guarantee, training and technical assistance functions were extended by the HMO Amendments of 1981, while the grants program was phased out over a 3-year period. However, grant funds for FY 1982 were not appropriated by Congress, bringing to a close Federal support for HMO development.

## PROGRAM ACCOMPLISHMENTS

### FUNDING

#### Grants, Loans, and Loan Guarantees

Due to budgetary constraints, a rescission in June 1981 of HMO grant funds reduced the amount available for grant assistance from \$52.4 to \$17.4 million. To assure the most appropriate use of the available funds, it was determined that priority be given to those organizations which would require no further financial assistance beyond that for which they had applied in FY 1981. Most of the funds were granted to initial development projects. Priority also was given to qualified HMOs needing to expand to maintain financial viability.

There were 42 new grants and 25 supplemental grants totaling \$17,431,974 awarded to 46 organizations during FY 1981. Of the total grant dollars, 3.5 percent was awarded for feasibility studies, 3.5 percent for planning activities, and 93 percent for initial development. Expansion grants and supplemental grants were awarded to seven federally qualified HMOs, accounting for approximately 20 percent of the total grant dollars.

Approximately 8 percent of the total grant funds were awarded to projects in nonmetropolitan areas, and 18.5 percent to projects in medically underserved areas, some of which were also nonmetropolitan areas. A listing of all grants awarded in FY 1981 is included as Appendix 1. Appendix 2 displays HMO funding for FY 1981 by type of grant awarded. A comparison of FY 1981 funding with that in prior years is found in Appendix 3.

During FY 1981, 9 direct loans and 3 direct supplemental loans were made totaling \$15,995,000; one supplemental loan guarantee was made for \$950,000. Appendix 4 lists the loans and loan guarantees committed in FY 1981.

Since 1975, 94 qualified HMOs have received loan assistance under Title XIII of the Public Health Service Act. Ninety of these organizations received direct loan commitments totaling \$184,594,000, including loan supplements. Of the 94 organizations receiving loan assistance, 79 HMOs or 84 percent, were organizations which had been developed with grant funds provided under Title XIII. Appendix 5 provides a summary of the loans and loan guarantees made from FY 1975 through FY 1981.

During the fiscal year, interest rates fluctuated widely. As a result, disbursements made to HMOs created losses to the loan fund, thus reducing its capital balance. These losses occurred due to differentials on interest rates experienced between the time the commitment was made and the time the notes were sold to the Federal Financing Bank. The capital balance of the loan fund was reduced further by loans which were defaulted and declared uncollectible. In order to maintain a cash balance, the loan program is making direct payments on the principal and interest on outstanding defaulted loans and is not repurchasing these loans at this time. The program continues to seek additional capitalization for the loan fund

through a congressional appropriation and is also developing arrangements for short-term financing with the U.S. Treasury. Appendix 6 provides a detailed statement of the status of the loan fund at the close of the fiscal year.

### HMO Grant and Loan Repayment Policy

With the phasing out of Federal financial assistance to HMOs and the concomitant desire to stimulate private investment in HMOs, the Department revised its grant and loan repayment policy to give the Secretary greater discretion in establishing the amount of funds repayable to the government upon demand when a grantee converts from a not-for-profit to for-profit entity. It has become apparent that private financing may, in many cases, be more readily available to HMOs if the HMO is for-profit and the Federal Government is willing to forgive or reduce the repayment of grant funds. Grant funds invested in equipment and other durable goods will be recovered at the Federal share of their fair value at the time of the transaction. Grant funds invested in salaries and other intangible costs of development will be amortized over a 5-year period beginning on the date of the HMO's Federal qualification. In recognition of the investment a purchaser may need to make after acquiring a struggling HMO, a negotiated settlement of an outstanding loan obligation will now be possible. This may involve deferral of interest or may involve settlement at less than the full amount of the loan. The revised policy reflects a sound business approach which protects the interests of the Federal Government without imposing undue deterrents to investment in HMOs previously in receipt of Federal financial assistance.

### Health Care for Medically Underserved Populations

The DHHS identifies areas that have a shortage of personal health services. The populations within such areas are considered to be medically underserved, as are population groups designated as having a shortage of health services. Although federally qualified HMOs are not required to serve these areas, the HMO law gives special consideration to applicants for HMO grants, loans, and loan guarantees who will serve medically underserved populations.

The Community Health Centers (CHC) program of the Health Services Administration is designed to give grant support to entities that provide health services to medically underserved populations. A small number of CHC grantees provided such services in FY 1981 on a prepaid basis. Certain federally qualified HMOs, e.g., Kaiser Foundation Health Plan of Oregon and Metro Health Plan in Indianapolis, Indiana, were included in this group.

### OVERSIGHT AND REGULATION

The qualification process consists of an in-depth examination of key elements of an HMO's operation, including its legal status, management, health services delivery, marketing and financial capability. Since passage of the HMO Act in 1973 through September 30, 1981, OHMO has reviewed 199 applications, of which approximately 148 or 74 percent have received Federal qualification.

In order to protect the financial interests of the United States and to assure that federally qualified HMOs continue to operate in accordance with the requirements



of the HMO Act, as amended, a combination of oversight (such as compliance monitoring, loan monitoring, management assessments) and technical assistance activities have been undertaken by OHMO. A key objective is to minimize HMO failure and loan defaults.

Compliance monitoring is a continuous, analytic process based on routine financial, utilization, and enrollment reports filed by the HMO and other information obtained from time to time from federally qualified plans and other sources. When it appears that an HMO may be "out of compliance," an evaluation site visit is made to confirm this possibility. If the HMO is deemed to be in noncompliance, the HMO is required to develop a corrective action plan which will enable it to regain its "in-compliance" status. OHMO works with the HMO towards this end.

Various assessments of the financial condition of an HMO which has received a Federal loan or loan guarantee are made quarterly to determine whether the HMO's actual performance conforms to its financial projections. For example, OHMO examines the HMO's current ratio, the ratio of assets to liabilities and the fixed cost contribution margin. The HMO is required to explain any significant variances from projections.

HMOs which have received Federal loans/loan guarantees are also subject to a loan monitoring process which involves periodic site visits conducted to determine whether the loan/loan guarantee recipient is operating in accordance with the covenants set out in the Operating Cost Assistance Agreement (OCAA) which is signed by the HMO when OHMO commits a loan or loan guarantee. An established loan monitoring site visit protocol is followed to assure that the HMO is complying with all requirements of the OCAA, such as establishment of a sinking fund (to assure loan repayment), maintenance of its financial records in accordance with generally accepted accounting principals, maintenance of all necessary insurance coverages, etc. The loan monitoring process also includes a review of the operation of the escrow account and assesses whether proper procedures are followed with regard to withdrawals from the escrow account.

Management assessments are another means of overseeing the operations of HMOs which have received Federal loans. These assessments are conducted during the first 12 months following an HMO's receipt of a Federal loan or loan guarantee. Whenever necessary, technical assistance is provided to the plan to enable it to improve its managerial arrangements to further the likelihood of success.

### Qualification

Twenty-six HMOs from seventeen States were designated federally qualified during FY 1981. To achieve Federal qualification, an HMO must meet the health services, structural, and financial requirements of the HMO Act. Failure to maintain these requirements can lead to revocation of the qualification.

A list of the HMOs achieving Federal qualification is found in Appendix 7. The newly-qualified plans included:

- a. Twelve individual practice associations (IPAs) in which the HMO contracts with a physician association or with individual physicians to provide care in their own offices,

- b. Nine medical groups, a type of HMO in which the HMO contracts with a medical group to provide services to HMO members, and
- c. Five staff model HMOs in which the physicians are employed by the HMO and provide services in an HMO facility.

Eleven of these organizations had received Federal financial assistance during their developmental phases and ten received operational loans.

For the first time, qualified HMOs were offered to the citizens of Kansas, Oklahoma, and Tennessee during FY 1981. Fifteen States with a total population of 31.6 million people still have no federally qualified HMOs within their borders. A list of these States and their populations is found in Appendix 8.

Four new HMOs in Florida and two in Atlanta reflect continuing growth of HMOs in the Southeastern United States.

Efforts to expedite and streamline the qualification process continued during the fiscal year. The average processing time per application was reduced from 109 to 97 days. The application form for qualification was revised to eliminate nonessential requirements and unnecessary reports. (It has since been approved by the Office of Management and Budget). It is expected that use of the revised application form will reduce significantly the applicant's time and expense in preparation of the application.

The qualification staff provided technical assistance to State regulators regarding HMO laws and regulations. In addition, the annual Federal/State regulators seminar on HMOs was held, focusing on State and Federal regulatory activity vis-a-vis issues of HMO financial viability. It was jointly conducted by the qualification and compliance staffs.

In accordance with Section 1311 of the Public Health Service Act, a digest of State laws, regulations and other provisions appearing inconsistent with Section 1311 was prepared and sent to the governor of each State.

### Compliance

Qualified HMOs were monitored in part by means of their submission of the National Data Reporting Requirements reports. In FY 1981, the majority of federally qualified HMOs were in compliance with the provisions of Title XIII with respect to the operational/organizational requirements and the mandated benefit package.

In FY 1981, 14 HMOs were placed in a "noncompliance" status and at year's end were in various stages of implementing corrective action.



Twelve federally qualified HMOs failed during the fiscal year. Four plans were successfully reorganized; eight HMOs were liquidated and had their Federal qualification revoked. A list of the eight failed plans, their locations and models is found in Appendix 9. Continuity of coverage was arranged for the members of the HMOs which failed through either indemnity health insurance programs or other HMOs.

Management assessments of 12 qualified HMOs which had received Federal loans were conducted under contract. These assessments were intended to discover, at an early point in an HMO's history, the existence of potential problems. Chief executive officers and members of boards of directors who participated reported that they benefited from these assessments. The management assessment contract was renewed for another year and includes 12 to 20 assessments and a technical assistance component.

As part of the employer compliance activity, technical assistance, education, and information were provided to employers concerning the mandated dual choice provision of the HMO Act. Conflicts were resolved between HMOs and employer groups by obtaining mutual cooperation in the negotiation process. In FY 1981, responses were made to more than 485 inquiries regarding employer compliance and the dual choice provision.

A report concerning the results of the Financial Disclosure Reporting System required by Section 1318 of the HMO Act will be submitted to Congress under separate cover.

### Quality Assurance

The HMO Act requires qualified HMOs to have an internal program to review and improve the quality of care delivery to HMO enrollees. Organizational mechanisms must be established which systematically focus on suspected problem areas in the quality of care and the administration of health services, and provide corrective action when deficiencies are found.

The National Committee for Quality Assurance (NCQA), an independent organization under contract to OHMO, designed, developed, and implemented a program of quality assurance external assessments in qualified HMOs which included standards for acceptable internal quality assurance programs and procedures for routine assessments. Approximately 30 HMO physicians were trained to perform the assessments and 10 routine assessments actually were completed. All of the HMOs involved were found to be in compliance with the established standards. Procedures and a manual were developed for conducting an investigation of alleged problems in the quality of care; however, no such reviews were necessary during the fiscal year. The extensive involvement of HMO physicians in this activity has proven invaluable in obtaining the acceptance and cooperation of the HMO industry, and providing peer-based input into the Federal compliance efforts.

At the end of FY 1981, a second contract was awarded to NCQA to revise the standards and procedures based on the year's experience and to conduct 15 more assessments. It is expected that NCQA will develop external sources of support so that it will not require Federal funding for its continued existence.

## TECHNICAL ASSISTANCE

Technical assistance and assessment have been provided to grantees and to qualified HMOs by both in-house specialists and by experts under contract to the OHMO to assure the success of HMOs and to avert failure, whenever possible. During FY 1981, there were seven contracts to provide such technical assistance in finance, marketing, health care delivery, facilities design, management information systems, HMO management (including board organization and responsibilities). Organizations experiencing multifaceted problems were the target of a Consolidated Technical Assistance Contract which provided for HMO industry leaders to collaborate in assisting HMOs to develop a comprehensive plan for addressing the organization's weaknesses. An early assistance program (Early Operational Consultation) was developed and incorporated into the Consolidated Technical Assistance Contract to review and provide appropriate assistance to newly developed plans during their early stages of operation in an effort to detect and solve problems before they become unmanageable. Appendix 11 lists the technical assistance contracts negotiated in FY 1981.

## PROMOTIONAL ACTIVITIES

The program continued to receive strong support and encouragement within the Department to develop and pursue strategies to foster private sector involvement in HMOs as well as to increase enrollment of public beneficiaries of the Medicare and Medicaid programs in HMOs.

### Private Sector Initiatives

Private sector involvement in HMOs increased during the year. Several of the companies already involved in HMOs expanded their activities by means of acquisition, management (contract) or financial support, or a combination of these. A list of the HMOs which were qualified in FY 1981 with insurance company involvement is found in Appendix 10.

Promotional efforts were designed to stimulate public awareness of the HMO concept and community interest in HMOs. For example, a statewide HMO education campaign was launched in Florida in cooperation with the Florida Association of HMOs (FAHMO) which included development of materials for media contacts and broadening employer awareness. The BAY Area (Tampa/Clearwater) Employer Health Coalition and the South Florida Business Coalition participated in these activities. A similar campaign was launched in Philadelphia. Evaluations of both the Florida and the Philadelphia campaigns are underway.

A 2-year education effort to stimulate private investment for operational and developing HMOs was launched by planning for a national conference to be held in October 1981 with invitees from the banking, investment, insurance, and health care service fields. Followup activities were devised to maintain the momentum expected from the conference by means of separate regional conferences, case studies, articles, for-profit HMO profiles, and other pertinent materials.

Several contracts in support of the effort to stimulate private investment in HMOs were negotiated to: (1) identify private sources of capital to support HMO development and expansion; (2) collect information on the HMO experiences of a variety of employers in different industries, particularly with respect to cost savings; and (3) conduct educational activities to inform and persuade prospective investors of the merits of HMO investment.

The National Industry Council for HMO Development continued to provide the program with a valuable link to the private sector. The membership and goals of the Industry Council were reoriented to reflect the focus on private investment. Representatives from the banking and investment communities, as well as from the HMO and hospital management fields, were added to the Council and special emphasis has been placed on encouraging local health care coalitions to promote HMO development and growth.

Among the major publications released were: A Business Perspective on HMOs; What Unions Should Know About HMOs; Quad-City Health Plan--A Case Study of Industry Support for HMO Development; Private Sector Investment in Health Maintenance Organizations 1974 - 1980; Prospectus on Health Maintenance Organizations; and Peak Health Plan: A Case Study of Private Investment Support for HMO Development; data and fact sheets on HMOs; and a modular HMO slide presentation including employer, physician, union, and consumer components.

#### Public Sector Initiatives

A joint Health Care Financing Administration (HCFA) - OHMO task force, which had been organized to identify, analyze and propose solutions to problems concerning Medicaid/HMO contracting, submitted its report in December 1980. A methodology was developed which identified States showing the greatest potential for new Medicaid contracting. Based on this methodology, the task force proposed target States for additional technical assistance. This and other recommendations are presently under review. In addition, HCFA issued a special grant solicitation to support Medicaid prepayment projects. It should be noted that certain provisions of the Omnibus Budget Reconciliation Act of 1981, which amended pertinent sections of the Social Security Act, are intended to facilitate Medicaid enrollment and contracting. Specifically, (1) a State may enter into a risk-based contract with an HMO, even if the HMO is not federally qualified; (2) an HMO may have as much as 75 percent Medicaid/Medicare recipients in its enrollment (up from 50 percent); and (3) a State may establish a minimum enrollment period of not more than 6 months for Medicaid recipients enrolled in federally qualified HMOs.

As of June 1981 there were 36 HMOs in 16 States with Medicaid contracts; 187,340 Medicaid recipients were enrolled in these HMOs.

At the close of the fiscal year there were 606,630 Medicare beneficiaries enrolled in 49 HMOs contracting with HCFA to provide prepaid Medicare services. Efforts to modify Medicare/HMO contracting by amending the statutory reimbursement arrangements to HMOs and by providing incentives to Medicare beneficiaries to enroll in HMOs did not gain Congressional approval during the fiscal year.



Efforts to increase enrollment of Federal employees in HMOs continued. Recommendations were made to the Office of Personnel Management (OPM) for improving open season materials and their distribution. This was a continuation of efforts begun in 1979 to introduce plan comparison information to enhance the HMOs' ability to market to Federal employees. For the 1982 open season, OPM planned to introduce a single booklet that enables employees to compare plans. OHMO helped to develop the booklet and assisted OPM in field testing it on employees in Washington, D.C. and Chicago. During calendar year 1980, 7.7 percent of all Federal employees were enrolled in HMOs.

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) program was authorized by the 1981 Department of Defense Appropriations Act to determine the "relative advantages and disadvantages of providing prepaid health benefits to CHAMPUS beneficiaries." Specifically, the demonstration project was designed to assure controlled enrollment of CHAMPUS beneficiaries in prepaid health plans to evaluate the acceptability and cost-effectiveness of those plans. Three test sites in Portland, Oregon were selected. Enrollment in the pilot project was limited to 2,000 families; 1,059 families actually joined. It is estimated that 63 percent of all families of active duty personnel and 8 percent of the CHAMPUS retirees in the Portland area selected enrollment in one of the prepaid plans. OHMO is working with the CHAMPUS staff on selection criteria for HMOs and on strategies to maximize enrollment.

## TRAINING

### National HMO Management Fellowship Program

The National HMO Management Fellowship Program is intended to develop new management talent for the HMO industry as well as to augment and strengthen skills of current HMO managers. Upon completion of the training, the individuals will be prepared to assume key HMO management responsibilities in marketing, finance, general management, and health services delivery management. During FY 1981, the emphasis of the program was on recruiting new managers from outside the HMO field. In September 1981, a contract was awarded to continue the program in FY 1982/1983. It will emphasize expanding and refining the skills of current HMO managers.

The FY 1981 Management Fellowship Program consisted of 7 weeks of intensive classroom experience and 6 months of field training. During the field training portion, each Fellow was assigned to a preceptor in an operating HMO. Fifty-three Fellows were trained from January through October 1981. Of the 53 Fellows, 16 were recruited from HMOs or HMO-related jobs, 31 were from health-related fields, and 6 had no health experience.

As of October 1981, 24 Fellows moved from non-HMO to HMO employment; 5 Fellows will be creating new HMOs in their respective communities; and 11 Fellows received promotions in their former HMO-related jobs. Ten Fellows were hired at the location of their preceptorship.

## HMO Seminar Series

During FY 1981, OHMO sponsored a series of short intensive seminars to train HMO personnel in selected technical areas.

Eleven 2-day seminars were conducted in management information systems, marketing, and financial planning. One hundred and ninety-seven people attended, representing thirty-two health maintenance organizations.

Ten HMO Governing Board Seminars were held. Essential information was provided in areas including governing board organization and operations, selection and evaluation of the Chief Executive Officer, establishment of corporate goals and objectives, monitoring and evaluation of program performance, and assuring fiscal viability. Two hundred and fifty-five people attended from seventy organizations.

## EVALUATION

In FY 1981 OHMO completed a study to identify the major factors contributing to the failure, major reorganization, and/or rehabilitation of six HMOs. These HMOs were selected for study based on geographical dispersion, the availability and completeness of program files, current litigation status, and the availability of management personnel associated with the former HMO.

The study found that the chief reason for the failure, reorganization and/or rehabilitation was the management of the HMO, including executive and/or boards of directors inexperience or lack of understanding of basic HMO operations; medical mismanagement, i.e., inability to control utilization of services appropriately, absence of adequate financial controls and systems; inability to market effectively. In addition, in four of the six HMOs studied, the HMOs could not overcome competition from other carriers. OHMO's present technical assistance activities reflect the lessons of the evaluation studies.

A number of studies have compared the cost of medical care for HMO enrollees to that for persons with conventional insurance coverage. For instance, findings show that total costs to enrollees in HMO group practices are 10 to 40 percent below the costs to conventional insurance enrollees. These savings, for the most part, are a result of lower hospital utilization rates by HMO enrollees and below average physician visits per person per year. Except for the study conducted by Williamson, et. al., of Johns Hopkins University in 1979 showing that the quality of care in HMOs is equal to or better than the quality of care in the fee-for-service environment, comparisons with alternative forms of health delivery are not available.

## LEGISLATION AND REGULATION

Title XIII of the Public Health Service Act was amended by the HMO Amendments of 1981, contained in the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). A summary of the major changes follows:

- o Phases out, over a 3-year period (FY 1982-84) Federal financial assistance in the form of grants to perform developmental activities. Only grantees previously in receipt of funding during or prior to FY 1981 are eligible for funding during the phaseout period. Twenty million dollars was authorized for FY 1982-84.
- o Extends loan program through FY 1986. Authorizes such sums as are necessary to maintain a balance of \$5 million in the loan fund.
- o Extends eligibility for direct loans to for-profit entities and increases the maximum amount per loan from \$4.5 to \$7 million and the maximum annual disbursement from \$2 to \$3 million.
- o Eliminates the 20 percent set-aside for rural areas.
- o Modifies the community rating requirement by permitting "actuarial rating."
- o Eliminates open enrollment requirements.
- o Exempts HMOs in nonmetropolitan areas from the requirement that all basic health services be provided within the HMO's service area.
- o Eliminates the requirements that no more than 15 percent of amounts paid for basic and supplemental health services can be paid to physicians other than members of staffs, medical groups or IPAs (in effect, this eliminates requirement that IPAs be organized as a separate legal entity from the HMO).
- o Broadens mandated dual choice to include nonappropriated fund instrumentalities (NAFIs).
- o Requires the Secretary to provide "a reasonable opportunity for reconsideration of his determination to revoke an HMO's qualification including at the entity's election, a fair hearing" prior to such revocation.
- o Requires the HMO to adopt at least one of the following measures to protect members (except where State law provides protection for members in the event of insolvency):
  - o contracts with hospitals containing hold harmless clauses
  - o insolvency insurance
  - o financial reserves
  - o other arrangements acceptable to the Secretary

Revised Final regulations concerning the operational and organizational requirements for qualified HMOs and the mandated dual choice provisions of Title XIII were published during FY 1981. The OHMO Policy Manual, which includes interpretive rulings and other clarifying material, was distributed to the general public on an as-needed basis. The regulations and Policy Manual will be updated to reflect the 1981 amendments and will be available for distribution in FY 1982.



## CHARACTERISTICS OF FEDERALLY QUALIFIED HMOs

Since 1975, 151 organizations have received Federal qualification. At the close of FY 1981, 130 HMOs were in operation. Table 1 summarizes the number of HMOs qualified in each fiscal year from 1975 to 1981 by type of model. Of the 151 HMOs, 63 HMOs or 42 percent are individual practice association (IPA) models, 46 or 30 percent are staff models, and 42 or 28 percent are group models. Although the number of HMOs qualified each year does not necessarily reflect the general growth rate of prepaid plans, the types of plans which are qualified may reflect trends in HMO development. From 1975 to 1977, staff model HMOs predominated among the plans qualified each year. In 1978, the HMOs qualified were almost equally divided among all models. Since 1979, however, IPA models have been the predominant plans qualified, indicating a shift in emphasis in new HMO development.

TABLE 1: NUMBER OF HMOS QUALIFIED BY TYPE OF MODEL  
FISCAL YEARS 1975 - 1981

<u>Fiscal Year</u>	<u>Staff</u>	<u>Group</u>	<u>IPA</u>	<u>Total</u>
1975	3	1	-	4
1976	7	5	5	17
1977	12	4	6	22
1978	8	9	9	26
1979	8	9	17	34
1980	3	5	14	22
1981	<u>5</u>	<u>9*</u>	<u>12</u>	<u>26</u>
Total	46	42	63	151

\*Includes four regional components of Prudential Health Care Plan, Inc.-Houston which were approved in Fiscal Year 1981.

The FY 1981 membership, utilization, and financial characteristics of federally qualified HMOs are described in the remaining tables of this section. Each table contains a further subdivision which is based on three categories pertaining to financial condition. Type I and Type II HMOs are usually in the early stages of program development and are experiencing operating deficits. Type III HMOs are more mature and operate with surpluses and positive net worths. Each HMO is classified based on the information it provides through the HMO National Data Reporting Requirements (NDRR), a series of reports which are mandatory for all qualified HMOs. The reporting frequency for specific reports is monthly, quarterly or annually, depending on the HMO's financial condition. Data for the Type I/II plans in the following tables are for the period covering October 1, 1980 through September 30, 1981; data for the Type III HMOs are from the last fiscal report of the HMO prior to October 1, 1981.

Of the 151 HMOs which have received Federal qualification since 1975, 130 were in operation at the close of FY 1981. Federal qualification has been revoked for 19 plans, 1 plan has merged with another qualified HMO and 1 plan was assumed by another organization. Table 2 summarizes the distribution of the 130 operational HMOs by model and by the NDRR classification type. Of the 130 plans, 55 or 42 percent are IPA models, 38 or 29 percent are staff models, and 37 or 29 percent are group models. One hundred and twelve plans or 86 percent are in the Type I/II category, of which fifty are IPA models. Among the Type III HMOs, group model plans predominate.

TABLE 2: DISTRIBUTION OF OPERATIONAL HMOS WHICH HAVE RECEIVED  
FEDERAL QUALIFICATION BY TYPE OF MODEL, FY 1981

<u>Type of Model</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
Staff	33	5	38
Group	29	8	37
IPA	<u>50</u>	<u>5</u>	<u>55</u>
TOTAL	112	18	130

## MEMBERSHIP DATA

Table 3 shows the distribution of membership by model and type for those plans which reported for FY 1981.\* Of the 6.9 million members in federally qualified HMOs, 68 percent are in group model HMOs, with 16 percent in staff models, and 16 percent in IPA models. Type I/II HMOs account for about 33 percent of the membership, with the distribution among models being nearly equal. Approximately 67 percent of the membership belongs to Type III HMOs, with 86 percent within the Type III category in group models. Four of the Kaiser plans (California, Colorado, Ohio, and Oregon) account for most of the membership in the Type III-group model category, and, indeed, for a significant portion of the total membership figures. Their combined membership of 3,865,644 represents more than 56 percent of the HMO membership depicted in these tables and should be taken into consideration in any analysis of these figures.

TABLE 3: DISTRIBUTION OF MEMBERSHIP IN FEDERALLY QUALIFIED HMOs BY TYPE OF MODEL, FY 1981

<u>Type of Model</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
Staff	700,046 (33)	369,347 ( 5)	1,069,393 (38)
Group	684,418 (27)	3,998,661 ( 8)	4,683,079 (35)
IPA	<u>870,787 (48)</u>	<u>265,502 ( 5)</u>	<u>1,136,289 (53)</u>
TOTAL	2,255,251(108)	4,633,510(18)	6,888,761(126)

\* The numbers in parentheses represent the number of HMOs reporting in each category. Membership data represent 126 of the 130 federally qualified HMOs.

Table 4 displays the distribution of membership in federally qualified HMOs by membership size and type for those plans reporting in FY 1981.\* Nearly 87 percent of the total membership is in HMOs which have 25,000 or more members. This general pattern persists within the financial classifications, with 64 percent of the Type I/II membership and 98 percent of the Type III membership in the larger HMOs.

TABLE 4: DISTRIBUTION OF MEMBERSHIP IN FEDERALLY QUALIFIED HMOs BY MEMBERSHIP SIZE, FY 1981

<u>Membership Size</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
Under 10,000	166,557 (36)	20,046 ( 3)	186,603 ( 39)
10,000-24,999	655,032 (40)	58,323 ( 3)	713,355 ( 43)
25,000+	<u>1,433,662 (32)</u>	<u>4,555,141 (12)</u>	<u>5,988,803 ( 44)</u>
TOTAL	2,255,251(108)	4,633,510 (18)	6,888,761 (126)

\* The numbers in parentheses represent the number of HMOs reporting in each category. Membership data represent 126 of the 130 federally qualified HMOs.

Enrollment of high risk individuals and the indigent is reflected in large part in the number of Medicare and Medicaid beneficiaries who are HMO members. Most HMOs market their plans through employers, a practice which rarely includes contact with Federal beneficiaries. A number of HMOs do market directly to Medicare and Medicaid beneficiaries. However, barriers such as the cost of marketing to individuals and the lack of incentives for enrollment have had a dampening effect. Efforts to overcome these barriers through legislative and administrative changes are underway, and are of major interest to the Department.

Table 5 shows the distribution of Medicare membership for those plans which reported for FY 1981.\* The table indicates that about 86 percent of the Medicare membership is in group model plans and primarily in Type III HMOs. However, the Kaiser Foundation Health Plan (a group model HMO) accounts for 209,644 members or nearly 64 percent of all the Medicare enrollees.

TABLE 5: DISTRIBUTION OF MEDICARE MEMBERSHIP IN FEDERALLY QUALIFIED HMOS BY TYPE OF MODEL, FY 1981

<u>Type of Model</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
Staff	21,905 (33)	6,381 ( 5)	28,286 ( 38)
Group	37,337 (27)	245,078 ( 8)	282,415 ( 35)
IPA	<u>9,991 (48)</u>	<u>7,546 ( 5)</u>	<u>17,537 ( 53)</u>
Total	69,233 (108)	259,005 (18)	328,238 (126)

\* The numbers in parentheses represent the number of HMOs reporting in each category. Membership data represent 126 of the 130 federally qualified HMOs.

Table 6 shows Medicaid membership for those plans which reported in FY 1981.\* Approximately 50 percent of all Medicaid members are enrolled in staff model HMOs, with 31 percent in group models and 19 percent in IPA models. Nearly 76 percent of the membership is in Type III HMOs. Membership is predominantly in staff and group models in the Type III grouping, and in IPA models in the Type I/II plans.

TABLE 6: DISTRIBUTION OF MEDICAID MEMBERSHIP IN FEDERALLY QUALIFIED HMOS BY TYPE OF MODEL, FY 1981

<u>Type of Model</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
Staff	4,327 (33)	78,839 ( 5)	83,166 ( 38)
Group	5,550 (27)	45,203 ( 8)	50,753 ( 35)
IPA	<u>30,358 (48)</u>	<u>868 ( 5)</u>	<u>31,226 ( 53)</u>
Total	40,235 (108)	124,910 (18)	165,145 (126)

\* The numbers in parentheses represent the number of HMOs reporting in each category. Membership data represent 126 of the 130 federally qualified HMOs.

Tables 7, 8, and 9 illustrate membership growth during FY 1981 in federally qualified HMOs by type of model, length of time operational, and membership size. All tables indicate net gains in HMO membership in FY 1981.

The Type I/II HMOs had an average net gain of 431 members per month as shown in Table 7. The net gain for IPAs was 34 percent above the average. Table 8 shows the average net gain in membership for newer HMOs (operational less than 3 years) was over 300 percent of the gain for older plans. Table 9 indicates that the average net monthly gain for HMOs with 25,000 or more members in the 3 reporting categories was substantially higher than the gain for smaller HMOs.

The average net gain in membership per month for the Type III HMOs was nearly three times the average for Type I/II plans, although the total year-end membership was only twice as large. Table 7 shows that IPA models exceeded the average net monthly gain in members for the Type III HMOs by approximately 30 percent. Group models were 98 percent of the average; the staff models were far below the other models in average monthly gains.

TABLE 7: AVERAGE NET GAIN IN MEMBERSHIP PER MONTH IN QUALIFIED HMOS BY TYPE OF MODEL, FY 1981\*

<u>Type of Model</u>	<u>Type I/II</u>	<u>Type III</u>
ALL HMOs	431	1229
Staff	242	887
Group	398	1207
IPA	579	1607

\* Based on 98 federally qualified HMOs for which adequate data were available. See Table 13 for the number of HMOs in each category.



TABLE 8: AVERAGE NET GAIN IN MEMBERSHIP PER MONTH IN QUALIFIED  
HMOS BY LENGTH OF TIME OPERATIONAL, FY 1981\*

<u>Time Operational</u>	<u>Type I/II</u>	<u>Type III</u>
From 1-3 Years	667	N/A
More than 3 Years	218	1229

\* Based on 98 federally qualified HMOs for which adequate data were available.  
See Table 14 for the number of HMOs in each category.

TABLE 9: AVERAGE NET GAIN IN MEMBERSHIP PER MONTH IN QUALIFIED  
HMOS BY MEMBERSHIP SIZE, FY 1981\*

<u>Membership Size</u>	<u>Type I/II</u>	<u>Type III</u>
Less than 10,000 Members	141	242
10,000 to 24,999 Members	345	409
25,000 or More Members	715	1681

\* Based on 98 federally qualified HMOs for which adequate data were available.  
See Table 15 for the number of HMOs in each category.



## UTILIZATION DATA

Table 10 shows HMO utilization by model for both inpatient and ambulatory care.

Inpatient utilization was lower on the average for the Type III HMOs than for the Type I/II plans. The lower inpatient utilization of the Type III HMOs is consistent with their positive financial condition as control of hospitalization appears to be the most critical factor in containing costs.

Table 10 indicates little difference between Type I/II and Type III HMOs on the average with regard to total ambulatory encounters. Within the Type III group, ambulatory encounters for staff models were 40 percent above the average while the rate for IPA models was 11 percent below average.

TABLE 10: HMO UTILIZATION BY TYPE OF MODEL, FY 1981\*

<u>Type of Model</u>	<u>Patient Days Per 1,000 Members Per Year</u>		<u>Ambulatory Encounters Per Member Per Year</u>	
	<u>Type I/II</u>	<u>Type III</u>	<u>Type I/II</u>	<u>Type III</u>
ALL HMOs	446	381	4.3	4.5
Staff	408	360	4.3	6.3
Group	458	382	4.3	4.4
IPA	469	403	4.3	4.0

\* Based on 98 federally qualified HMOs for which adequate data were available. See Table 15 for the number of HMOs in each category.

## FINANCIAL DATA

Tables 11 and 12 contain selected income and expense data for the Type I/II and Type III HMOs by age of the HMO, type of model, and membership size.

The per-member-per-month figures were obtained by dividing total income and expense by the member months. Income as a percent of total expense shows whether the HMOs in each class are producing a surplus (over 100%) or a deficit (under 100%). The remaining percentages indicate the proportion of total income derived from premium and fee-for-service payments.

The Type I/II HMOs, as a class (Table 11), had income to cover 97 percent of expenses or a 3 percent deficit. The Type III HMOs (Table 12) had income of 101 percent of expenses or a 1 percent surplus. Among Type I/II HMOs, the newer and smaller HMOs had less income to cover expenses than the older and larger HMOs. Income for those operating 3 years or less covered 92 percent of expenses. HMOs with fewer than 10,000 members achieved a per-member-per-month income of 85 percent of their total per-member-per-month expenses. Differences attributable to type of HMO model were insignificant.

Among the Type III HMOs (Table 12), none was less than 3 years old, by definition. Type III HMOs enjoy the benefits of economies of scale as reflected in lower per-member-per-month expenses; this in turn permitted lower per-member-per-month income structures. The Type III staff model displayed the highest percent of income relative to cost at 102 percent, followed by the group and IPA models at 101 percent. Income as a percentage of expense was highest (102%) in the HMOs with membership in the 10,000 to 24,999 range.

Total revenue as measured in the National Data Reporting Requirements includes premiums, fee-for-service payments, copayments, and reimbursements received under Medicare and Medicaid. Premiums accounted for 88 percent of all income in the Type I/II HMOs but only for 79 percent in the Type III HMOs. This difference may be attributed to the higher Medicare and Medicaid enrollment in the Type III HMOs since fee-for-service income was comparable and it is assumed that copayment income also was comparable.

TABLE 11: DISTRIBUTION OF TYPE I/II HMO INCOME AND EXPENSE BY LENGTH OF TIME  
OPERATIONAL, TYPE OF MODEL, AND SIZE, FY 1981\*

	<u>Per Member Per Month</u>		<u>Income</u>		
	<u>Income</u>	<u>Expense</u>	<u>As Percent of Total Expense</u>	<u>Premium as Percent of Total Income</u>	<u>Fee-for- Service as Percent of Total Income</u>
<u>Time Operational</u>					
ALL HMOs	\$40.99	\$42.17	97	88	1
From 1 to 3 Years	40.61	44.09	92	93	1
More than 3 Years	41.19	41.19	100	86	2
<u>Model</u>					
ALL HMOs	\$40.99	\$42.17	97	88	1
Staff	39.99	40.13	99	87	4
Group	41.40	42.46	98	88	1
IPA	41.53	43.58	95	89	0
<u>Membership Size</u>					
ALL HMOs	\$40.99	\$42.17	97	88	1
Less than 10,000	39.61	46.82	85	89	1
10,000 to 24,999	40.60	43.39	94	87	2
25,000 or more	41.27	41.26	100	89	1

\* Based on 80 federally qualified HMOs for which adequate data were available.  
See Tables 13, 14, and 15 for the number of HMOs in each category.

TABLE 12: DISTRIBUTION OF TYPE III HMO INCOME AND EXPENSE BY LENGTH OF TIME  
OPERATIONAL, TYPE OF MODEL, AND SIZE, FY 1981\*

	<u>Per Member Per Month</u>		<u>Income</u>		
	<u>Income</u>	<u>Expense</u>	<u>As Percent of Total Expense</u>	<u>Premium as Percent of Total Income</u>	<u>Fee-for- Service as Percent of Total Income</u>
<u>Time Operational</u>					
ALL HMOs	\$37.43	\$37.12	101	79	1
From 1 to 3 Years	#	#	#	#	#
More than 3 Years	37.43	37.12	101	79	1
<u>Model</u>					
ALL HMOs	\$37.43	\$37.12	101	79	1
Staff	43.16	42.18	102	66	2
Group	36.84	36.58	101	80	2
IPA	39.23	38.83	101	95	0
<u>Membership Size</u>					
ALL HMOs	\$37.43	\$37.12	101	79	1
Less than 10,000	40.60	40.16	101	65	0
10,000 to 24,999	41.81	40.82	102	96	0
25,000 or more	37.37	37.06	101	79	1

\* Based on 18 federally qualified HMOs for which adequate data were available.  
See Tables 13, 14, and 15 for the number of HMOs in each category.

# By definition, Type III HMOs must have been operational more than 3 years.

The FY 1981 membership, utilization, and financial characteristics described in Tables 7 through 12 represent 98 of the 130 federally qualified HMOs which were in operation at the close of FY 1981. This group was selected based on the availability of data in all three areas. The Type I/II HMOs in the group had reported for at least four of the five quarters between July 1, 1980 and September 30, 1981. Data for the Type III HMOs were taken from the last annual report submitted prior to October 1, 1981. Tables 13, 14, and 15 display the various groupings of the 98 HMOs which provided the basis for Tables 7 through 12.

TABLE 13: DISTRIBUTION OF THE SELECTED HMOs  
BY TYPE OF MODEL

<u>Type of Model</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
Staff	26	5	31
Group	17	8	25
IPA	<u>37</u>	<u>5</u>	<u>42</u>
Total	80	18	98

TABLE 14: DISTRIBUTION OF THE SELECTED HMOs  
BY LENGTH OF TIME OPERATIONAL

<u>Time Operational</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
From 1-3 Years	38	-	38
More than 3 Years	<u>42</u>	<u>18</u>	<u>60</u>
Total	80	18	98

TABLE 15: DISTRIBUTION OF THE SELECTED HMOs  
BY MEMBERSHIP SIZE

<u>Membership Size</u>	<u>Type I/II</u>	<u>Type III</u>	<u>Total</u>
Less than 10,000	17	3	20
10,000 to 24,999	35	3	38
25,000+	<u>28</u>	<u>12</u>	<u>40</u>
Total	80	18	98

## **PROFILES OF FEDERALLY QUALIFIED HMOS**

This section contains a profile for each of the 151 organizations determined to be federally qualified HMOs through the end of Fiscal Year 1981. The profiles are presented in alphabetical order by State, by city within the State, and then by HMO name within the city.



**Arizona Health Plan, Inc.**  
Phoenix, Arizona

Plan Description

Qualification Date: 8/24/78  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 10/72  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 377  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 12/31/80

Total: 71,638  
Medicaid: 0  
Medicare: 977  
FEHBP: 1,773  
Average Net Change per Month: 1,123

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$34.55  
Expense per Member per Month: \$34.58

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

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**INA Healthplan of Arizona, Inc.**  
Phoenix, Arizona

Plan Description

Qualification Date: 8/3/78  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 11/72  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 686.5  
Total Physician Encounters per Member: 4.9  
Total Ambulatory Encounters per Member: 6.4

Membership Data as of 9/30/81

Total: 67,451  
Medicaid: 0  
Medicare: 13,197  
FEHBP: 2,897  
Average Net Change per Month: 1,034.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$43.30  
Expense per Member per Month: \$42.89

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

**INA Healthplan of Tucson, Inc.**  
Tucson, Arizona

Plan Description

Qualification Date: 5/5/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 1/81  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 294.6  
Total Physician Encounters per Member: 3.2  
Total Ambulatory Encounters per Member: 3.2

Membership Data as of 9/30/81

Total: 5,000  
Medicaid: 0  
Medicare: 59  
FEHBP: 0  
Average Net Change per Month: 1,333

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$37.88  
Expense per Member per Month: \$78.75

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.

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**Pimacare, Inc.**  
Tucson, Arizona

Plan Description

Qualification Date: 9/24/80  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 1/79  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 337.2  
Total Physician Encounters per Member: 3.2  
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 9/30/81

Total: 34,990  
Medicaid: 0  
Medicare: 104  
FEHBP: 1,551  
Average Net Change per Month: -128.2

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$35.82  
Expense per Member per Month: \$36.63

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

**Family Health Services, Inc.**  
Anaheim, California

Plan Description

Qualification Date: 12/14/76  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 5/73  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 348.2  
Total Physician Encounters per Member: 3.4  
Total Ambulatory Encounters per Member: 4.8

Membership Data as of 9/30/81

Total: 38,182  
Medicaid: 2,248  
Medicare: 319  
FEHBP: 264  
Average Net Change per Month: 47.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$45.22  
Expense per Member per Month: \$42.97

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$2,500,000

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**HMO Concepts, Inc.**  
Anaheim, California

Plan Description

Qualification Date: 3/17/78  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 3/77  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$437,000

NOTE: Federal qualification was revoked effective 2/15/80.

**Lifeguard, Inc.**  
Campbell, California

Plan Description

Qualification Date: 2/12/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 2/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 363.5  
Total Physician Encounters per Member: 4.5  
Total Ambulatory Encounters per Member: 4.6

Membership Data as of 9/30/81

Total: 20,110  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 835.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$43.90  
Expense per Member per Month: \$42.08

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$1,802,000

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**Foundation Health Plan**  
Carmichael, California

Plan Description

Qualification Date: 12/22/77  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 1/78  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 472.1  
Total Physician Encounters per Member: 3.5  
Total Ambulatory Encounters per Member: 3.5

Membership Data as of 9/30/81

Total: 39,136  
Medicaid: 0  
Medicare: 2,512  
FEHBP: 2,728  
Average Net Change per Month: 1,083

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$44.87  
Expense per Member per Month: \$46.03

DHHS Assistance

Title XIII Grants Awarded: \$710,215  
Loans Committed: \$2,292,000

**Pacificare, Inc.**  
Cypress, California

Plan Description

Qualification Date: 12/22/78  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 7/78  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 334.9  
Total Physician Encounters per Member: 3.2  
Total Ambulatory Encounters per Member: 3.4

Membership Data as of 9/30/81

Total: 17,517  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 715.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$45.34  
Expense per Member per Month: \$50.51

DHHS Assistance

Title XIII Grants Awarded: \$947,920  
Loans Committed: \$1,967,000

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**Herrick Alta Bates Services/HEALS**  
Emeryville, California

Plan Description

Qualification Date: 6/19/81  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 7/81  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: Unknown  
Total Physician Encounters per Member: Unknown  
Total Ambulatory Encounters per Member: Unknown

Membership Data as of 9/30/81

Total: Unknown  
Medicaid: Unknown  
Medicare: Unknown  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Year Ending 9/30/81

Income per Member per Month: Unknown  
Expense per Member per Month: Unknown

DHHS Assistance

Title XIII Grants Awarded: \$849,607  
Loans Committed: \$1,773,000

NOTE: No data reported.



## **Family Health Program**

Fountain Valley, California (including Salt Lake City, Utah & Guam)

### Plan Description

Qualification Date: 7/29/77  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 6/65  
Type of Practice: Staff  
MUA Priority: No

### Utilization Data for Year Ending 6/30/80

Hospital Days per 1,000 Members: 279  
Total Physician Encounters per Member: 3.8  
Total Ambulatory Encounters per Member: 9.9

### Membership Data as of 6/30/80

Total: 110,826  
Medicaid: 11,770  
Medicare: 3,521  
FEHBP: 16,693  
Average Net Change per Month: 1,323

### Financial Data for Year Ending 6/30/80

Income per Member per Month: \$36.12  
Expense per Member per Month: \$36.04

### DHHS Assistance

Title XIII Grants Awarded: \$244,073  
Loans Committed: None

NOTE: The most recent data available for this HMO are for plan's fiscal year ending 6/30/80.

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## **Maxi-Care**

Hawthorne, California

### Plan Description

Qualification Date: 3/25/76  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 3/72  
Type of Practice: IPA  
MUA Priority: No

### Utilization Data for Year Ending 6/30/81

Hospital Days per 1,000 Members: 271  
Total Physician Encounters per Member: 3.2  
Total Ambulatory Encounters per Member: 4.0

### Membership Data as of 6/30/81

Total: 108,386  
Medicaid: 868  
Medicare: 1,325  
FEHBP: 399  
Average Net Change per Month: 2,762

### Financial Data for Year Ending 6/30/81

Income per Member per Month: \$42.36  
Expense per Member per Month: \$41.66

### DHHS Assistance

Title XIII Grants Awarded: \$312,354  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 6/30/81.

**California Medical Group Health Plan, Inc.**  
Los Angeles, California

Plan Description

Qualification Date: 7/19/77  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 6/66  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 405  
Total Physician Encounters per Member: 4.9  
Total Ambulatory Encounters per Member: 5.5

Membership Data as of 12/31/80

Total: 134,146  
Medicaid: 63,054  
Medicare: 1,384  
FEHBP: 238  
Average Net Change per Month: 824

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$46.53  
Expense per Member per Month: \$44.32

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

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**Comprecare, Inc.**  
Los Angeles, California

Plan Description

Qualification Date: 2/10/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 1/73  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$676,752  
Loans Committed: \$2,100,000

NOTE: Federal qualification was revoked 6/22/81.

**Ross-Loos Health Plan of Southern California**  
Los Angeles, California

Plan Description

Qualification Date: 6/27/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 11/76  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 423  
Total Physician Encounters per Member: 4.2  
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 12/31/80

Total: 91,618  
Medicaid: 0  
Medicare: 1,949  
FEHBP: 2,859  
Average Net Change per Month: 3,033

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$36.57  
Expense per Member per Month: \$36.44

DHHS Assistance

Title XIII Grants Awarded: \$571,585  
Loans Committed: None

NOTE: Data are for period from date of qualification to 12/31/80.

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**Health Alliance of Northern California dba Community Care**  
Los Gatos, California

Plan Description

Qualification Date: 11/29/76  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 8/72  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$722,224  
Loans Committed: \$2,342,000

NOTE: Federal qualification was revoked effective 6/15/79.

**Contra Costa Health Plan**  
Martinez, California

Plan Description

Qualification Date: 6/17/80  
Sponsorship: Public  
Non-Metropolitan: No  
Operational Date: 3/80  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 6/30/81

Hospital Days per 1,000 Members: 658  
Total Physician Encounters per Member: 5.6  
Total Ambulatory Encounters per Member: 8.4

Membership Data as of 6/30/81

Total: 1,692  
Medicaid: 1,371  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 78

Financial Data for Year Ending 6/30/81

Income per Member per Month: \$74.26  
Expense per Member per Month: \$72.01

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 6/30/81.

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**Kaiser Foundation Health Plan, Inc.**

Oakland, California (Northern and Southern California and Hawaii)

Plan Description

Qualification Date: 10/27/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 9/45  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 377  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 4.4

Membership Data as of 12/31/80

Total: 3,379,863  
Medicaid: 10,964  
Medicare: 209,644  
FEHBP: 330,534  
Average Net Change per Month: 6,029

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$36.65  
Expense per Member per Month: \$36.46

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

**Northern California Institute for Medical Service, Inc. /Rockridge**  
Oakland, California

Plan Description

Qualification Date: 3/31/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 2/74  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 400.8  
Total Physician Encounters per Member: 2.8  
Total Ambulatory Encounters per Member: 6.7

Membership Data as of 9/30/81

Total: 12,602  
Medicaid: 5,289  
Medicare: 0  
FEHBP: 507  
Average Net Change per Month: 144.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$50.25  
Expense per Member per Month: \$48.44

DHHS Assistance

Title XIII Grants Awarded: \$1,568,934  
Loans Committed: \$2,500,000

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**TakeCare Corporation**  
Oakland, California

Plan Description

Qualification Date: 6/27/79  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 5/78  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 230  
Total Physician Encounters per Member: 4.1  
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 9/30/81

Total: 33,352  
Medicaid: 0  
Medicare: 327  
FEHBP: 0  
Average Net Change per Month: 1,125.1

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$40.56  
Expense per Member per Month: \$39.34

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None



**Pomona Valley Health Plan**  
Pomona, California

Plan Description

Qualification Date: 1/23/81  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 7/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 384.2  
Total Physician Encounters per Member: 4.1  
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 9/30/81

Total: 5,728  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 193.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$46.84  
Expense per Member per Month: \$57.99

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.

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**Group Health Service Plan dba Healthcare**  
Sacramento, California

Plan Description

Qualification Date: 2/20/80  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 6/75  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 219.4  
Total Physician Encounters per Member: 3.6  
Total Ambulatory Encounters per Member: 5.4

Membership Data as of 9/30/81

Total: 11,062  
Medicaid: 2,295  
Medicare: 346  
FEHBP: 0  
Average Net Change per Month: 208.6

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$47.98  
Expense per Member per Month: \$53.14

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$2,120,000

**Inland Health Plan**  
San Bernardino, California

Plan Description

Qualification Date: 8/10/81  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 9/81  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: Unknown  
Total Physician Encounters per Member: Unknown  
Total Ambulatory Encounters per Member: Unknown

Membership Data as of 9/30/81

Total: Unknown  
Medicaid: Unknown  
Medicare: Unknown  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Year Ending 9/30/81

Income per Member per Month: Unknown  
Expense per Member per Month: Unknown

DHHS Assistance

Title XIII Grants Awarded: \$1,027,994  
Loans Committed: \$1,737,000

NOTE: No data reported.

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**Greater San Diego Health Plan**  
San Diego, California

Plan Description

Qualification Date: 3/11/80  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 3/80  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 372.9  
Total Physician Encounters per Member: 4.0  
Total Ambulatory Encounters per Member: 4.6

Membership Data as of 9/30/81

Total: 51,294  
Medicaid: 543  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 3,089.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$38.51  
Expense per Member per Month: \$40.97

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$1,914,000

**Protective Health Providers**  
San Diego, California

Plan Description

Qualification Date: 12/28/78  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 3/79  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 300.7  
Total Physician Encounters per Member: 3.9  
Total Ambulatory Encounters per Member: 4.8

Membership Data as of 9/30/81

Total: 7,426  
Medicaid: 292  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 254.4

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$39.53  
Expense per Member per Month: \$51.01

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$2,039,000

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**Los Padres Group Health**  
San Luis Obispo, California

Plan Description

Qualification Date: 9/21/78  
Sponsorship: Consumer  
Non-Metropolitan: Yes  
Operational Date: 10/78  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$723,508  
Loans Committed: \$669,000

NOTE: Federal qualification was revoked effective 3/23/81.

**Bay Pacific Health Plan**  
San Mateo, California

Plan Description

Qualification Date: 3/28/79  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 3/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 403.6  
Total Physician Encounters per Member: 3.5  
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/81

Total: 13,167  
Medicaid: 0  
Medicare: 144  
FEHBP: 0  
Average Net Change per Month: 689.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$40.53  
Expense per Member per Month: \$47.93

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$1,936,000

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**Health Plan of the Redwoods**  
Santa Rosa, California

Plan Description

Qualification Date: 2/7/80  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 3/80  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 334.4  
Total Physician Encounters per Member: 4.1  
Total Ambulatory Encounters per Member: 4.2

Membership Data as of 9/30/81

Total: 9,372  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 644

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$40.77  
Expense per Member per Month: \$48.81

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$1,427,000

**Health Maintenance Network of Southern California /Health Net**  
Van Nuys, California

Plan Description

Qualification Date: 1/26/79  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 2/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 313.9  
Total Physician Encounters per Member: 3.6  
Total Ambulatory Encounters per Member: 4.4

Membership Data as of 9/30/81

Total: 112,751  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 3,747

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$43.04  
Expense per Member per Month: \$44.69

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

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**San Luis Valley HMO, Inc.**  
Alamosa, Colorado

Plan Description

Qualification Date: 12/26/78  
Sponsorship: Consumer  
Non-Metropolitan: Yes  
Operational Date: 5/75  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 778.9  
Total Physician Encounters per Member: 3.7  
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/81

Total: 8,277  
Medicaid: 557  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: -34

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$48.21  
Expense per Member per Month: \$51.18

DHHS Assistance

Title XIII Grants Awarded: \$507,745  
Loans Committed: \$268,000



**CompreCare, Inc.**  
Aurora, Colorado

Plan Description

Qualification Date: 8/20/76  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 7/74  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 527.8  
Total Physician Encounters per Member: 3.5  
Total Ambulatory Encounters per Member: 3.5

Membership Data as of 9/30/81

Total: 46,426  
Medicaid: 0  
Medicare: 0  
FEHBP: 5,142  
Average Net Change per Month: -1,137.3

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$42.00  
Expense per Member per Month: \$42.68

DHHS Assistance

Title XIII Grants Awarded: \$718,618  
Loans Committed: \$1,413,000

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**Peak Health Plan, Ltd.**  
Colorado Springs, Colorado

Plan Description

Qualification Date: 11/30/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 11/79  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 347.4  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 3.0

Membership Data as of 9/30/81

Total: 11,205  
Medicaid: 0  
Medicare: 0  
FEHBP: 469  
Average Net Change per Month: 637.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$35.41  
Expense per Member per Month: \$35.05

DHHS Assistance

Title XIII Grants Awarded: \$73,164  
Loans Committed: None

**Kaiser Foundation Health Plan of Colorado, Inc.**  
Denver, Colorado

Plan Description

Qualification Date: 10/27/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 7/69  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 396  
Total Physician Encounters per Member: 2.4  
Total Ambulatory Encounters per Member: 4.0

Membership Data as of 12/31/80

Total: 116,121  
Medicaid: 0  
Medicare: 5,021  
FEHBP: 20,072  
Average Net Change per Month: 636

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$35.19  
Expense per Member per Month: \$34.23

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

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**Arapahoe Medical Services, Inc.**  
Englewood, Colorado

Plan Description

Qualification Date: 5/7/81  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 9/80  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 374.7  
Total Physician Encounters per Member: 4.4  
Total Ambulatory Encounters per Member: 4.4

Membership Data as of 9/30/81

Total: 731  
Medicaid: 0  
Medicare: 1  
FEHBP: 0  
Average Net Change per Month: 28.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$60.06  
Expense per Member per Month: \$108.14

DHHS Assistance

Title XIII Grants Awarded: \$789,391  
Loans Committed: \$1,142,000

NOTE: Data are for period from date of qualification to 9/30/81.

**ChoiceCare Health Services**  
Fort Collins, Colorado

Plan Description

Qualification Date: 8/12/76  
Sponsorship: Physician  
Non-Metropolitan: Yes  
Operational Date: 4/74  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$349,358  
Loans Committed: \$728,000

NOTE: Federal qualification was revoked effective 1/25/80.

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**Rocky Mountain HMO**  
Grand Junction, Colorado

Plan Description

Qualification Date: 12/29/75  
Sponsorship: Physician  
Non-Metropolitan: Yes  
Operational Date: 1/74  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 1,057.3  
Total Physician Encounters per Member: 5.0  
Total Ambulatory Encounters per Member: 5.9

Membership Data as of 9/30/81

Total: 13,063  
Medicaid: 1,349  
Medicare: 2,501  
FEHBP: 792  
Average Net Change per Month: -49.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$51.64  
Expense per Member per Month: \$52.54

DHHS Assistance

Title XIII Grants Awarded: \$321,099  
Loans Committed: \$332,000

**Connecticut Health Plan**  
Bridgeport, Connecticut

Plan Description

Qualification Date: 3/15/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 3/77  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 363.7  
Total Physician Encounters per Member: 2.5  
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/81

Total: 8,069  
Medicaid: 0  
Medicare: 226  
FEHBP: 162  
Average Net Change per Month: 2.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$35.02  
Expense per Member per Month: \$39.82

DHHS Assistance

Title XIII Grants Awarded: \$1,259,434  
Loans Committed: \$2,500,000

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**North Central Connecticut Health Maintenance Organization, Inc.**  
East Hartford, Connecticut

Plan Description

Qualification Date: 6/27/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 6/79  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 452.6  
Total Physician Encounters per Member: 2.4  
Total Ambulatory Encounters per Member: 3.6

Membership Data as of 9/30/81

Total: 11,547  
Medicaid: 0  
Medicare: 200  
FEHBP: 0  
Average Net Change per Month: 478.9

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$38.73  
Expense per Member per Month: \$47.67

DHHS Assistance

Title XIII Grants Awarded: \$1,245,000  
Loans Committed: \$2,500,000

**Community Health Care Center Plan, Inc.**  
New Haven, Connecticut

Plan Description

Qualification Date: 10/31/75  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 10/71  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 543.9  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 5.0

Membership Data as of 9/30/81

Total: 27,085  
Medicaid: 0  
Medicare: 1,842  
FEHBP: 2,533  
Average Net Change per Month: 102.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$45.48  
Expense per Member per Month: \$43.98

DHHS Assistance

Title XIII Grants Awarded: \$691,188  
Loans Committed: \$2,090,000

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**Southern Connecticut Community Health Plan**  
Stamford, Connecticut

Plan Description

Qualification Date: 7/3/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 7/79  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Period Ending 6/30/81

Hospital Days per 1,000 Members: 494.4  
Total Physician Encounters per Member: 2.3  
Total Ambulatory Encounters per Member: 4.7

Membership Data as of 6/30/81

Total: 6,888  
Medicaid: 0  
Medicare: 205  
FEHBP: 66  
Average Net Change per Month: 226.7

Financial Data for Period Ending 6/30/81

Income per Member per Month: \$35.91  
Expense per Member per Month: \$47.88

DHHS Assistance

Title XIII Grants Awarded: \$750,000  
Loans Committed: \$1,935,000



**Greater Bridgeport Medical Foundation/Physicians Health Services**  
Trumbull, Connecticut

Plan Description

Qualification Date: 12/29/80  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 9/77  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 557  
Total Physician Encounters per Member: 3.1  
Total Ambulatory Encounters per Member: 3.1

Membership Data as of 9/30/81

Total: 16,947  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 937

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$37.30  
Expense per Member per Month: \$43.44

DHHS Assistance

Title XIII Grants Awarded: \$701,486  
Loans Committed: \$885,000

NOTE: Data are for period from date of qualification to 9/30/81.

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**George Washington University Health Plan**  
Washington, DC

Plan Description

Qualification Date: 7/18/79  
Sponsorship: Medical School  
Non-Metropolitan: No  
Operational Date: 5/72  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 420  
Total Physician Encounters per Member: 2.0  
Total Ambulatory Encounters per Member: 3.1

Membership Data as of 12/31/80

Total: 21,653  
Medicaid: 0  
Medicare: 0  
FEHBP: 14,963  
Average Net Change per Month: 372

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$41.95  
Expense per Member per Month: \$41.75

DHHS Assistance

Title XIII Grants Awarded: \$164,478  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

**Group Health Association, Inc.**  
Washington, DC

Plan Description

Qualification Date: 7/18/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 11/37  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 417  
Total Physician Encounters per Member: 2.8  
Total Ambulatory Encounters per Member: 4.0

Membership Data as of 9/30/81

Total: 111,525  
Medicaid: 0  
Medicare: 5,631  
FEHBP: 62,235  
Average Net Change per Month: 63

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$47.25  
Expense per Member per Month: \$46.93

DHHS Assistance

Title XIII Grants Awarded: \$50,000  
Loans Committed: None

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**Kaiser-Georgetown Community Health Plan, Inc.**  
Washington, DC

Plan Description

Qualification Date: 5/26/76  
Sponsorship: Medical School  
Non-Metropolitan: No  
Operational Date: 11/72  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 365.6  
Total Physician Encounters per Member: 2.3  
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 9/30/81

Total: 58,776  
Medicaid: 506  
Medicare: 362  
FEHBP: 17,445  
Average Net Change per Month: 281.3

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$42.62  
Expense per Member per Month: \$43.69

DHHS Assistance

Title XIII Grants Awarded: \$959,251  
Loans Committed: \$1,982,000

**INA Healthplan of Clearwater**  
Clearwater, Florida

Plan Description

Qualification Date: 7/30/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/81  
Type of Practice: Staff  
MUA Priority: Yes

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 800.7  
Total Physician Encounters per Member: 5.6  
Total Ambulatory Encounters per Member: 5.8

Membership Data as of 9/30/81

Total: 14,582  
Medicaid: 0  
Medicare: 2,333  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$45.08  
Expense per Member per Month: \$55.26

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

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**Prepaid Health Care, Inc.**  
Clearwater, Florida

Plan Description

Qualification Date: 8/3/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 8/78  
Type of Practice: Staff  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$1,247,386  
Loans Committed: \$2,500,000

NOTE: Federal qualification was revoked effective 8/18/81. The majority of enrollees have become members of INA Healthplan of Clearwater, a federally qualified HMO.

**Florida Health Care Plan, Inc.**  
Daytona Beach, Florida

Plan Description

Qualification Date: 5/22/75  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 8/74  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 286  
Total Physician Encounters per Member: 3.1  
Total Ambulatory Encounters per Member: 6.9

Membership Data as of 9/30/81

Total: 11,593  
Medicaid: 0  
Medicare: 531  
FEHBP: 0  
Average Net Change per Month: 2.3

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$41.49  
Expense per Member per Month: \$41.17

DHHS Assistance

Title XIII Grants Awarded: \$124,456  
Loans Committed: \$2,750,000

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**Healthcare of Broward, Inc.**  
Ft. Lauderdale, Florida

Plan Description

Qualification Date: 7/30/81  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 8/81  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: Unknown  
Total Physician Encounters per Member: 5.2  
Total Ambulatory Encounters per Member: 5.2

Membership Data as of 9/30/81

Total: 213  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$69.98  
Expense per Member per Month: \$634.19

DHHS Assistance

Title XIII Grants Awarded: \$1,691,497  
Loans Committed: \$2,920,000

NOTE: Data are for period from date of operation to 9/30/81.

**International Medical Centers, Inc.**  
Hialeah, Florida

Plan Description

Qualification Date: 11/26/80  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 1/73  
Type of Practice: Staff  
MUA Priority: Yes

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 354.9  
Total Physician Encounters per Member: 6.6  
Total Ambulatory Encounters per Member: 6.6

Membership Data as of 9/30/81

Total: 29,551  
Medicaid: 0  
Medicare: 3,138  
FEHBP: 0  
Average Net Change per Month: 1,317.2

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$39.34  
Expense per Member per Month: \$40.31

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.

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**American Health Plan**  
Miami, Florida

Plan Description

Qualification Date: 7/29/77  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 9/73  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 416.3  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 9/30/81

Total: 29,781  
Medicaid: 0  
Medicare: 1,355  
FEHBP: 279  
Average Net Change per Month: 281.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$40.78  
Expense per Member per Month: \$41.76

DHHS Assistance

Title XIII Grants Awarded: None  
Loan Guarantees Committed: \$3,880,000



**Av-Med Health Plan, Inc.**  
Miami, Florida

Plan Description

Qualification Date: 9/9/77  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 10/77  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 547.7  
Total Physician Encounters per Member: 4.4  
Total Ambulatory Encounters per Member: 4.7

Membership Data as of 9/30/81

Total: 29,138  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 457

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$41.74  
Expense per Member per Month: \$42.94

DHHS Assistance

Title XIII Grants Awarded: None  
Loan Guarantees Committed: \$2,050,000

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**South Florida Group Health, Inc.**  
Miami, Florida

Plan Description

Qualification Date: 2/7/80  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 2/80  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 411  
Total Physician Encounters per Member: 3.4  
Total Ambulatory Encounters per Member: 3.8

Membership Data as of 9/30/81

Total: 1,948  
Medicaid: 0  
Medicare: 0  
FEHBP: 165  
Average Net Change per Month: 106.9

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$42.02  
Expense per Member per Month: \$71.16

DHHS Assistance

Title XIII Grants Awarded: \$909,497  
Loans Committed: \$1,671,000

**INA Healthplan of Florida, Inc.**  
Tampa, Florida

Plan Description

Qualification Date: 6/17/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/81  
Type of Practice: Staff  
MUA Priority: Yes

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 524.6  
Total Physician Encounters per Member: 5.5  
Total Ambulatory Encounters per Member: 5.5

Membership Data as of 9/30/81

Total: 668  
Medicaid: 0  
Medicare: 87  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$44.00  
Expense per Member per Month: \$393.11

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of operation to 9/30/81.

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**Ameriplan Health Services, Ltd.**  
Atlanta, Georgia

Plan Description

Qualification Date: 8/31/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 8/81  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: Unknown  
Total Physician Encounters per Member: Unknown  
Total Ambulatory Encounters per Member: Unknown

Membership Data as of 9/30/81

Total: 30  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: Unknown  
Expense per Member per Month: Unknown

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.

**HealthCare, Inc.**  
Atlanta, Georgia

Plan Description

Qualification Date: 12/26/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 1/80  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 314  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 3.7

Membership Data as of 9/30/81

Total: 10,058  
Medicaid: 0  
Medicare: 50  
FEHBP: 0  
Average Net Change per Month: 432.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$34.21  
Expense per Member per Month: \$45.75

DHHS Assistance

Title XIII Grants Awarded: \$1,641,862  
Loans Committed: \$2,840,000

---

**Health 1st, Inc.**  
Atlanta, Georgia

Plan Description

Qualification Date: 2/20/80  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 1/80  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 487.8  
Total Physician Encounters per Member: 2.0  
Total Ambulatory Encounters per Member: 2.0

Membership Data as of 9/30/81

Total: 5,683  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 102.9

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$37.07  
Expense per Member per Month: \$51.04

DHHS Assistance

Title XIII Grants Awarded: \$1,142,405  
Loans Committed: \$1,500,000

**Prudential Health Care Plan, Inc. - Atlanta**  
Atlanta, Georgia

Plan Description

Qualification Date: 4/1/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 5/81  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 168.5  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 4.4

Membership Data as of 9/30/81

Total: 1,320  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 387.3

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$33.44  
Expense per Member per Month: \$239.25

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of operation to 9/30/81. This is a regional component of Prudential Health Care Plan, Inc. - Houston.

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**Health Plan Hawaii**  
Honolulu, Hawaii

Plan Description

Qualification Date: 6/1/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/81  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 423.5  
Total Physician Encounters per Member: 4.3  
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/81

Total: 58  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$44.09  
Expense per Member per Month: \$41.78

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of operation to 9/30/81.

Island Care  
Lihue, Kauai, Hawaii

Plan Description

Qualification Date: 5/29/81  
Sponsorship: Physician  
Non-Metropolitan: Yes  
Operational Date: 1/81  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 467.4  
Total Physician Encounters per Member: 5.6  
Total Ambulatory Encounters per Member: 5.6

Membership Data as of 9/30/81

Total: 2,438  
Medicaid: 0  
Medicare: 133  
FEHBP: 0  
Average Net Change per Month: 550.3

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$31.65  
Expense per Member per Month: \$43.93

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$203,000

NOTE: Data are for period from date of qualification to 9/30/81.

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Gem Health Association, Inc.  
Boise, Idaho

Plan Description

Qualification Date: 6/27/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 6/77  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$1,124,634  
Loans Committed: \$1,735,000

NOTE: Federal qualification was revoked effective 2/1/80.



**Idaho Health Maintenance Organization /Healthguard**  
Boise, Idaho

Plan Description

Qualification Date: 4/3/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 5/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Period Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$745,641  
Loans Committed: \$1,736,000

NOTE: Federal qualification was revoked effective 5/13/81.

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**Anchor Organization for Health Maintenance**  
Chicago, Illinois

Plan Description

Qualification Date: 12/20/77  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 7/71  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 441.2  
Total Physician Encounters per Member: 2.6  
Total Ambulatory Encounters per Member: 3.0

Membership Data as of 9/30/81

Total: 48,795  
Medicaid: 763  
Medicare: 2,022  
FEHBP: 2,942  
Average Net Change per Month: 666.1

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$42.39  
Expense per Member per Month: \$38.23

DHHS Assistance

Title XIII Grants Awarded: \$1,034,005  
Loans Committed: None

**Chicago Health Plan**

Chicago, Illinois

Plan Description

Qualification Date: 5/24/79

Sponsorship: Hospital

Non-Metropolitan: No

Operational Date: 5/76

Type of Practice: Staff

MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 585

Total Physician Encounters per Member: 2.6

Total Ambulatory Encounters per Member: 3.2

Membership Data as of 9/30/81

Total: 3,141

Medicaid: 2,276

Medicare: 0

FEHBP: 0

Average Net Change per Month: 26.8

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$50.98

Expense per Member per Month: \$48.07

DHHS Assistance

Title XIII Grants Awarded: None

Loans Committed: None

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**HMO Illinois, Inc.**

Chicago, Illinois

Plan Description

Qualification Date: 6/15/77

Sponsorship: Private

Non-Metropolitan: No

Operational Date: 6/77

Type of Practice: IPA

MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 434.1

Total Physician Encounters per Member: 2.3

Total Ambulatory Encounters per Member: 2.3

Membership Data as of 9/30/81

Total: 53,196

Medicaid: 0

Medicare: 0

FEHBP: 0

Average Net Change per Month: 852

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$37.33

Expense per Member per Month: \$37.96

DHHS Assistance

Title XIII Grants Awarded: None

Loans Committed: None

**Intergroup Prepaid Health Services**  
Chicago, Illinois

Plan Description

Qualification Date: 4/18/77  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 1/72  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 575  
Total Physician Encounters per Member: 2.6  
Total Ambulatory Encounters per Member: 3.1

Membership Data as of 12/31/80

Total: 47,144  
Medicaid: 0  
Medicare: 0  
FEHBP: 1,419  
Average Net Change per Month: 1,593

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$38.06  
Expense per Member per Month: \$37.73

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for the plan's fiscal year ending 12/31/80.

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**Intergroup Prepaid Health Services of Indiana, Inc.**  
Chicago, Illinois

Plan Description

Qualification Date: 7/10/80  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 12/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 412.1  
Total Physician Encounters per Member: 5.6  
Total Ambulatory Encounters per Member: 5.6

Membership Data as of 9/30/81

Total: 7,341  
Medicaid: 0  
Medicare: 17  
FEHBP: 0  
Average Net Change per Month: 371.6

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$39.81  
Expense per Member per Month: \$51.06

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

**Michael Reese Health Plan, Inc.**  
Chicago, Illinois

Plan Description

Qualification Date: 4/17/78  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 7/72  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 495  
Total Physician Encounters per Member: 2.5  
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 12/31/80

Total: 24,404  
Medicaid: 0  
Medicare: 73  
FEHBP: 7,064  
Average Net Change per Month: 732

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$45.92  
Expense per Member per Month: \$44.14

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

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**North Communities Health Plan /Northcare**  
Glenview, Illinois

Plan Description

Qualification Date: 5/18/75  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 5/75  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$2,266,421  
Loans Committed: \$2,500,000

NOTE: This HMO was assumed by Prudential Health Care Plan, Inc. - Glenview during fiscal year 1981.

**Prudential Health Care Plan, Inc. - Glenview**  
Glenview, Illinois

Plan Description

Qualification Date: 6/24/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 5/75  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 760.5  
Total Physician Encounters per Member: 2.9  
Total Ambulatory Encounters per Member: 3.7

Membership Data as of 9/30/81

Total: 29,235  
Medicaid: 0  
Medicare: 2,847  
FEHBP: 843  
Average Net Change per Month: 272.3

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$46.12  
Expense per Member per Month: \$53.10

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$2,500,000

NOTE: Assumed North Communities Health Plan/Northcare. Data are for period from date of qualification to 9/30/81. This is a regional component of Prudential Health Care Plan, Inc.-Houston.

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**Metro Health Plan**  
Indianapolis, Indiana

Plan Description

Qualification Date: 1/31/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 11/74  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 385.8  
Total Physician Encounters per Member: 2.2  
Total Ambulatory Encounters per Member: 3.6

Membership Data as of 9/30/81

Total: 29,676  
Medicaid: 0  
Medicare: 481  
FEHBP: 2,783  
Average Net Change per Month: 367.1

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$39.28  
Expense per Member per Month: \$38.35

DHHS Assistance

Title XIII Grants Awarded: \$2,119,189  
Loans Committed: \$2,298,000



**Family Health Plan, Inc.**  
Newton, Kansas

Plan Description

Qualification Date: 9/25/81  
Sponsorship: Consumer  
Non-Metropolitan: Yes  
Operational Date: 10/81  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: Unknown  
Total Physician Encounters per Member: Unknown  
Total Ambulatory Encounters per Member: Unknown

Membership Data as of 9/30/81

Total: Unknown  
Medicaid: Unknown  
Medicare: Unknown  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: Unknown  
Expense per Member per Month: Unknown

DHHS Assistance

Title XIII Grants Awarded: \$588,855  
Loans Committed: None

NOTE: No data reported.

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**Community Health Care Association/Health Care Plus**  
Wichita, Kansas

Plan Description

Qualification Date: 6/3/81  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 7/81  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 156  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 9/30/81

Total: 352  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$330.35  
Expense per Member per Month: \$282.67

DHHS Assistance

Title XIII Grants Awarded: \$1,191,099  
Loans Committed: \$1,188,000

NOTE: Data are for period from date of operation to 9/30/81.

**HealthCare of Louisville, Inc.**  
Louisville, Kentucky

Plan Description

Qualification Date: 4/2/76  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 7/74  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 484.3  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/81

Total: 17,664  
Medicaid: 0  
Medicare: 389  
FEHBP: 1,511  
Average Net Change per Month: 101

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$37.73  
Expense per Member per Month: \$43.66

DHHS Assistance

Title XIII Grants Awarded: \$1,127,372  
Loans Committed: \$3,500,000

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**HMO of Baton Rouge, Inc.**  
Baton Rouge, Louisiana

Plan Description

Qualification Date: 3/13/78  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 4/78  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$1,165,175  
Loans Committed: \$2,500,000

NOTE: Federal qualification was revoked effective 8/24/81.

**Metropolitan Baltimore Health Care, Inc.**  
Baltimore, Maryland

Plan Description

Qualification Date: 4/3/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 4/78  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 481.2  
Total Physician Encounters per Member: 6.4  
Total Ambulatory Encounters per Member: 6.4

Membership Data as of 9/30/81

Total: 11,442  
Medicaid: 83  
Medicare: 7  
FEHBP: 0  
Average Net Change per Month: 157.1

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$39.48  
Expense per Member per Month: \$47.30

DHHS Assistance

Title XIII Grants Awarded: \$1,206,875  
Loans Committed: \$3,500,000

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**Monumental Health Plan, Inc.**  
Baltimore, Maryland

Plan Description

Qualification Date: 11/14/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 7/75  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$306,133  
Loans Committed: \$2,500,000

NOTE: Federal qualification was revoked effective 3/10/81.

**Columbia Medical Plan, Inc.**  
Columbia, Maryland

Plan Description

Qualification Date: 12/3/80  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 6/75  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 433.2  
Total Physician Encounters per Member: 3.2  
Total Ambulatory Encounters per Member: 5.4

Membership Data as of 9/30/81

Total: 21,682  
Medicaid: 0  
Medicare: 385  
FEHBP: 5,937  
Average Net Change per Month: -46.2

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$44.92  
Expense per Member per Month: \$49.01

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.

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**HealthPlus, Inc.**  
Riverdale, Maryland

Plan Description

Qualification Date: 12/28/78  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 1/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 506.8  
Total Physician Encounters per Member: 4.1  
Total Ambulatory Encounters per Member: 4.5

Membership Data as of 9/30/81

Total: 8,536  
Medicaid: 0  
Medicare: 0  
FEHBP: 1,344  
Average Net Change per Month: 241.2

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$42.42  
Expense per Member per Month: \$53.07

DHHS Assistance

Title XIII Grants Awarded: \$840,437  
Loans Committed: \$1,819,000

**Valley Health Plan**  
Amherst, Massachusetts

Plan Description

Qualification Date: 5/10/78  
Sponsorship: Physician  
Non-Metropolitan: Yes  
Operational Date: 10/76  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/80

Hospital Days per 1,000 Members: 312  
Total Physician Encounters per Member: 3.4  
Total Ambulatory Encounters per Member: 5.8

Membership Data as of 9/30/80

Total: 12,266  
Medicaid: 364  
Medicare: 0  
FEHBP: 178  
Average Net Change per Month: 122

Financial Data for Year Ending 9/30/80

Income per Member per Month: \$34.38  
Expense per Member per Month: \$33.36

DHHS Assistance

Title XIII Grants Awarded: \$801,225  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 9/30/80.

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**Harvard Community Health Plan**  
Boston, Massachusetts

Plan Description

Qualification Date: 9/1/77  
Sponsorship: Medical School  
Non-Metropolitan: No  
Operational Date: 10/69  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/80

Hospital Days per 1,000 Members: 354  
Total Physician Encounters per Member: 2.1  
Total Ambulatory Encounters per Member: 3.8

Membership Data as of 9/30/80

Total: 98,279  
Medicaid: 2,644  
Medicare: 1,403  
FEHBP: 4,552  
Average Net Change per Month: 1,479

Financial Data for Year Ending 9/30/80

Income per Member per Month: \$45.31  
Expense per Member per Month: \$45.24

DHHS Assistance

Title XIII Grants Awarded: \$1,688,983  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 9/30/80.



**Medical West Community Health Plan, Inc.**  
Chicopee, Massachusetts

Plan Description

Qualification Date: 9/12/80  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 12/78  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 368.5  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 3.7

Membership Data as of 9/30/81

Total: 17,894  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 680.4

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$36.24  
Expense per Member per Month: \$40.50

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

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**Fallon Community Health Plan, Inc.**  
Worcester, Massachusetts

Plan Description

Qualification Date: 11/21/78  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 2/77  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 839.7  
Total Physician Encounters per Member: 4.2  
Total Ambulatory Encounters per Member: 4.8

Membership Data as of 9/30/81

Total: 34,419  
Medicaid: 795  
Medicare: 5,540  
FEHBP: 0  
Average Net Change per Month: 568.9

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$51.35  
Expense per Member per Month: \$50.81

DHHS Assistance

Title XIII Grants Awarded: \$1,307,422  
Loans Committed: \$1,527,000

**Comprehensive Health Services of Detroit, Inc.**  
Detroit, Michigan

Plan Description

Qualification Date: 10/23/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 1973  
Type of Practice: Group  
MUA Priority: Yes

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 678  
Total Physician Encounters per Member: 2.9  
Total Ambulatory Encounters per Member: 6.5

Membership Data as of 12/31/80

Total: 27,460  
Medicaid: 26,983  
Medicare: 0  
FEHBP: 24  
Average Net Change per Month: -45

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$62.81  
Expense per Member per Month: \$56.65

DHHS Assistance

Title XIII Grants Awarded: \$390,980  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

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**Health Alliance Plan of Michigan**  
Detroit, Michigan

Plan Description

Qualification Date: 2/16/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 12/76  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 431.4  
Total Physician Encounters per Member: 2.9  
Total Ambulatory Encounters per Member: 3.5

Membership Data as of 9/30/81

Total: 87,662  
Medicaid: 0  
Medicare: 6,296  
FEHBP: 3,076  
Average Net Change per Month: 384.9

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$45.43  
Expense per Member per Month: \$45.74

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

**Metro Health Plan, Inc.**  
Detroit, Michigan

Plan Description

Qualification Date: 10/17/78  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 3/74  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total: See note below  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: This HMO was merged with another federally qualified HMO, Health Alliance Plan of Michigan, Detroit, Michigan, effective 2/18/79, which is listed on a separate profile.

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**Michigan Health Maintenance Organization Plans, Inc.**  
Detroit, Michigan

Plan Description

Qualification Date: 4/13/78  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 2/74  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 533.2  
Total Physician Encounters per Member: 2.4  
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 9/30/81

Total: 32,214  
Medicaid: 8,469  
Medicare: 21  
FEHBP: 392  
Average Net Change per Month: -167.9

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$49.61  
Expense per Member per Month: \$48.34

DHHS Assistance

Title XIII Grants Awarded: \$266,141  
Loans Committed: None

**Genesee Health Care, Inc.**  
Flint, Michigan

Plan Description

Qualification Date: 10/1/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 11/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 506.9  
Total Physician Encounters per Member: 3.5  
Total Ambulatory Encounters per Member: 3.5

Membership Data as of 9/30/81

Total: 17,439  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 1,197.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$44.70  
Expense per Member per Month: \$51.46

DHHS Assistance

Title XIII Grants Awarded: \$743,826  
Loans Committed: \$2,282,000

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**Health Central, Inc.**  
Lansing, Michigan

Plan Description

Qualification Date: 12/6/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 12/77  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 334.1  
Total Physician Encounters per Member: 2.7  
Total Ambulatory Encounters per Member: 4.8

Membership Data as of 9/30/81

Total: 23,267  
Medicaid: 0  
Medicare: 94  
FEHBP: 83  
Average Net Change per Month: 193.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$45.24  
Expense per Member per Month: \$38.83

DHHS Assistance

Title XIII Grants Awarded: \$1,171,084  
Loans Committed: \$2,500,000

**Group Health Service of Michigan, Inc.**  
Saginaw, Michigan

Plan Description

Qualification Date: 8/27/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 7/76  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 318.8  
Total Physician Encounters per Member: 1.9  
Total Ambulatory Encounters per Member: 3.5

Membership Data as of 9/30/81

Total: 17,875  
Medicaid: 907  
Medicare: 170  
FEHBP: 95  
Average Net Change per Month: 309.5

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$40.54  
Expense per Member per Month: \$40.41

DHHS Assistance

Title XIII Grants Awarded: \$1,231,959  
Loans Committed: \$2,386,000

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**Independence Health Plan of Southeastern Michigan, Inc.**  
Southfield, Michigan

Plan Description

Qualification Date: 8/6/79  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 6/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 446.5  
Total Physician Encounters per Member: 3.8  
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 9/30/81

Total: 25,306  
Medicaid: 806  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 1,352.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$41.95  
Expense per Member per Month: \$45.88

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None



**Group Health Plan of Southeast Michigan**  
Troy, Michigan

<u>Plan Description</u>	<u>Utilization Data for Year Ending 9/30/81</u>
Qualification Date: 9/1/77	Hospital Days per 1,000 Members: 298.7
Sponsorship: Consumer	Total Physician Encounters per Member: 2.9
Non-Metropolitan: No	Total Ambulatory Encounters per Member: 4.1
Operational Date: 9/77	
Type of Practice: Staff	
MUA Priority: No	
<u>Membership Data as of 9/30/81</u>	<u>Financial Data for Year Ending 9/30/81</u>
Total: 19,104	Income per Member per Month: \$40.67
Medicaid: 0	Expense per Member per Month: \$41.23
Medicare: 0	
FEHBP: 597	
Average Net Change per Month: 298.6	
<u>DHHS Assistance</u>	
Title XIII Grants Awarded: \$2,303,947	
Loans Committed: \$2,500,000	

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**Share Health Plan**  
Bloomington, Minnesota

<u>Plan Description</u>	<u>Utilization Data for Year Ending 9/30/81</u>
Qualification Date: 6/30/76	Hospital Days per 1,000 Members: 693.7
Sponsorship: Physician	Total Physician Encounters per Member: 2.8
Non-Metropolitan: No	Total Ambulatory Encounters per Member: 5.3
Operational Date: 1/74	
Type of Practice: Group	
MUA Priority: No	
<u>Membership Data as of 9/30/81</u>	<u>Financial Data for Year Ending 9/30/81</u>
Total: 41,570	Income per Member per Month: \$45.09
Medicaid: 91	Expense per Member per Month: \$44.94
Medicare: 5,246	
FEHBP: 693	
Average Net Change per Month: 638	
<u>DHHS Assistance</u>	
Title XIII Grants Awarded: \$1,444,638	
Loans Committed: \$850,000	

**Coordinated Health Care, Inc.**  
St. Paul, Minnesota

Plan Description

Qualification Date: 7/21/81  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 10/72  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 367.4  
Total Physician Encounters per Member: 4.1  
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 9/30/81

Total: 4,987  
Medicaid: 0  
Medicare: 82  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$38.76  
Expense per Member per Month: \$34.16

DHHS Assistance

Title XIII Grants Awarded: \$44,543  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.

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**Community Group Health Plan dba Prime Health**  
Kansas City, Missouri

Plan Description

Qualification Date: 11/26/76  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 11/76  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 361.1  
Total Physician Encounters per Member: 2.5  
Total Ambulatory Encounters per Member: 4.3

Membership Data as of 9/30/81

Total: 41,770  
Medicaid: 0  
Medicare: 448  
FEHBP: 2,735  
Average Net Change per Month: 657.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$39.74  
Expense per Member per Month: \$40.15

DHHS Assistance

Title XIII Grants Awarded: \$1,112,381  
Loans Committed: \$4,000,000

**Health Central**  
Lincoln, Nebraska

Plan Description

Qualification Date: 1/29/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 2/79  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 389  
Total Physician Encounters per Member: 3.1  
Total Ambulatory Encounters per Member: 4.6

Membership Data as of 9/30/81

Total: 9,983  
Medicaid: 0  
Medicare: 77  
FEHBP: 0  
Average Net Change per Month: 52.5

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$36.80  
Expense per Member per Month: \$41.52

DHHS Assistance

Title XIII Grants Awarded: \$1,323,394  
Loans Committed: \$2,500,000

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**Matthew Thornton Health Plan, Inc.**  
Nashua, New Hampshire

Plan Description

Qualification Date: 8/15/78  
Sponsorship: Physician  
Non-Metropolitan: Yes  
Operational Date: 11/71  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 376.3  
Total Physician Encounters per Member: 2.5  
Total Ambulatory Encounters per Member: 5.5

Membership Data as of 9/30/81

Total: 15,333  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 318.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$43.59  
Expense per Member per Month: \$44.57

DHHS Assistance

Title XIII Grants Awarded: \$1,915,246  
Loans Committed: \$859,000

**CoMed, Inc.**

Cedar Knolls, New Jersey

Plan Description

Qualification Date: 10/6/78

Sponsorship: Hospital

Non-Metropolitan: No

Operational Date: 10/78

Type of Practice: IPA

MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 515.3

Total Physician Encounters per Member: 4.5

Total Ambulatory Encounters per Member: 5.5

Membership Data as of 9/30/81

Total: 15,835

Medicaid: 0

Medicare: 0

FEHBP: 412

Average Net Change per Month: 519.8

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$33.34

Expense per Member per Month: \$43.05

DHHS Assistance

Title XIII Grants Awarded: \$605,272

Loans Committed: \$2,386,000

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**Health Care Plan of New Jersey, Inc.**

Cherry Hill, New Jersey

Plan Description

Qualification Date: 5/27/76

Sponsorship: Consumer

Non-Metropolitan: No

Operational Date: 6/76

Type of Practice: Staff

MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 406.1

Total Physician Encounters per Member: 3.1

Total Ambulatory Encounters per Member: 4.8

Membership Data as of 9/30/81

Total: 29,405

Medicaid: 0

Medicare: 395

FEHBP: 1,963

Average Net Change per Month: 207.6

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$30.82

Expense per Member per Month: \$30.71

DHHS Assistance

Title XIII Grants Awarded: \$2,447,541

Loans Committed: \$3,154,000

**Crossroads Health Plan**  
East Orange, New Jersey

<u>Plan Description</u>	<u>Utilization Data for Year Ending 9/30/81</u>
Qualification Date: 3/17/78	Hospital Days per 1,000 Members: 678.3
Sponsorship: Physician	Total Physician Encounters per Member: 2.0
Non-Metropolitan: No	Total Ambulatory Encounters per Member: 3.2
Operational Date: 4/78	
Type of Practice: IPA	
MUA Priority: No	
<u>Membership Data as of 9/30/81</u>	<u>Financial Data for Year Ending 9/30/81</u>
Total: 20,279	Income per Member per Month: \$34.81
Medicaid: 0	Expense per Member per Month: \$39.77
Medicare: 0	
FEHBP: 1,076	
Average Net Change per Month: -627.5	
<u>DHHS Assistance</u>	
Title XIII Grants Awarded: \$700,921	
Loans Committed: \$2,500,000	

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**Group Health Plan of New Jersey**  
Guttenberg (West New York), New Jersey

<u>Plan Description</u>	<u>Utilization Data for Year Ending 9/30/81</u>
Qualification Date: 6/27/77	Hospital Days per 1,000 Members:
Sponsorship: Consumer	Total Physician Encounters per Member:
Non-Metropolitan: No	Total Ambulatory Encounters per Member:
Operational Date: 7/77	
Type of Practice: Staff	
MUA Priority: No	
<u>Membership Data as of 9/30/81</u>	<u>Financial Data for Year Ending 9/30/81</u>
Total:	Income per Member per Month:
Medicaid:	Expense per Member per Month:
Medicare:	
FEHBP:	
Average Net Change per Month:	
<u>DHHS Assistance</u>	
Title XIII Grants Awarded: \$1,244,978	
Loans Committed: \$2,478,000	

NOTE: Federal qualification was revoked effective 2/1/80. The majority of enrollees have become members of HIP of Greater New Jersey, Inc., a federally qualified HMO.



**Healthways, Inc.**  
Iselin, New Jersey

Plan Description

Qualification Date: 7/24/81  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 7/81  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 380.9  
Total Physician Encounters per Member: 5.7  
Total Ambulatory Encounters per Member: 5.7

Membership Data as of 9/30/81

Total: 21  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$88.57  
Expense per Member per Month: \$2,820.58

DHHS Assistance

Title XIII Grants Awarded: \$886,754  
Loans Committed: \$1,108,000

NOTE: Data are for period from date of operation to 9/30/81.

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**Rutgers Community Health Plan**  
New Brunswick, New Jersey

Plan Description

Qualification Date: 7/1/76  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 7/76  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 383.8  
Total Physician Encounters per Member: 3.2  
Total Ambulatory Encounters per Member: 4.2

Membership Data as of 9/30/81

Total: 40,941  
Medicaid: 0  
Medicare: 571  
FEHBP: 1,329  
Average Net Change per Month: 83.1

Financial Data for Year Ending 9/ /81

Income per Member per Month: \$31.66  
Expense per Member per Month: \$31.63

DHHS Assistance

Title XIII Grants Awarded: \$2,445,934  
Loans Committed: \$1,895,000

**Southshore Health Plan, Inc.**  
Northfield, New Jersey

<u>Plan Description</u>	<u>Utilization Data for Period Ending 12/31/80</u>
Qualification Date: 12/29/78	Hospital Days per 1,000 Members: 495
Sponsorship: Physician	Total Physician Encounters per Member: 4.1
Non-Metropolitan: No	Total Ambulatory Encounters per Member: 4.1
Operational Date: 9/77	
Type of Practice: IPA	
MUA Priority: Yes	

<u>Membership Data as of 12/31/80</u>	<u>Financial Data for Period Ending 12/31/80</u>
Total: 9,045	Income per Member per Month: \$29.04
Medicaid: 0	Expense per Member per Month: \$27.88
Medicare: 0	
FEHBP: 665	
Average Net Change per Month: 331	

<u>DHHS Assistance</u>
Title XIII Grants Awarded: \$372,352
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

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**Central Essex Health Plan**  
Orange, New Jersey

<u>Plan Description</u>	<u>Utilization Data for Year Ending 9/30/81</u>
Qualification Date: 12/28/76	Hospital Days per 1,000 Members:
Sponsorship: Hospital	Total Physician Encounters per Member:
Non-Metropolitan: No	Total Ambulatory Encounters per Member:
Operational Date: 1/77	
Type of Practice: Staff	
MUA Priority: No	

<u>Membership Data as of 9/30/81</u>	<u>Financial Data for Year Ending 9/30/81</u>
Total:	Income per Member per Month:
Medicaid:	Expense per Member per Month:
Medicare:	
FEHBP:	
Average Net Change per Month:	

<u>DHHS Assistance</u>
Title XIII Grants Awarded: \$1,044,607
Loans Committed: \$2,178,000

NOTE: Federal qualification was revoked effective 6/1/79.

**HIP of Greater New Jersey, Inc.**  
West New York, New Jersey

Plan Description

Qualification Date: 1/28/80  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 1/80  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 569.7  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 9/30/81

Total: 7,248  
Medicaid: 0  
Medicare: 243  
FEHBP: 161  
Average Net Change per Month: 44

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$28.95  
Expense per Member per Month: \$39.50

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$1,594,000

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**New Mexico Health Care Corporation/Mastercare**  
Albuquerque, New Mexico

Plan Description

Qualification Date: 8/15/80  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 8/80  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 476.5  
Total Physician Encounters per Member: 3.7  
Total Ambulatory Encounters per Member: 3.7

Membership Data as of 9/30/81

Total: 17,235  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 206

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$41.96  
Expense per Member per Month: \$41.76

DHHS Assistance

Title XIII Grants Awarded: \$576,215  
Loans Committed: None

**Health Services Medical Corporation of Central New York, Inc.**  
Baldwinsville, New York

Plan Description

Qualification Date: 8/14/81  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 3/77  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 339.8  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 9/30/81

Total: 9,067  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: Unknown

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$31.84  
Expense per Member per Month: \$31.11

DHHS Assistance

Title XIII Grants Awarded: \$1,172,122  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.

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**Independent Health Association, Inc.**  
Buffalo, New York

Plan Description

Qualification Date: 2/9/80  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 2/80  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 455.1  
Total Physician Encounters per Member: 2.0  
Total Ambulatory Encounters per Member: 2.5

Membership Data as of 9/30/81

Total: 7,559  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 529.3

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$29.95  
Expense per Member per Month: \$39.74

DHHS Assistance

Title XIII Grants Awarded: \$999,804  
Loans Committed: \$1,764,000

**The Health Care Plan, Inc.**  
Buffalo, New York

Plan Description

Qualification Date: 8/31/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 9/78  
Type of Practice: Staff  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 307.1  
Total Physician Encounters per Member: 2.5  
Total Ambulatory Encounters per Member: 3.7

Membership Data as of 9/30/81

Total: 25,256  
Medicaid: 0  
Medicare: 74  
FEHBP: 0  
Average Net Change per Month: 604.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$29.25  
Expense per Member per Month: \$30.88

DHHS Assistance

Title XIII Grants Awarded: \$2,098,807  
Loans Committed: \$2,500,000

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**Community Health Plan of Suffolk, Inc.**  
Hauppauge, New York

Plan Description

Qualification Date: 10/4/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 10/78  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Period Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$1,175,000  
Loans Committed: \$3,174,000

NOTE: Federal qualification was revoked effective 8/31/81.



**Capital Area Community Health Plan**  
Latham, New York

Plan Description

Qualification Date: 12/6/76  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 1/77  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 427.1  
Total Physician Encounters per Member: 4.2  
Total Ambulatory Encounters per Member: 4.6

Membership Data as of 9/30/81

Total: 33,540  
Medicaid: 39  
Medicare: 587  
FEHBP: 2,786  
Average Net Change per Month: 230

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$34.42  
Expense per Member per Month: \$33.68

DHHS Assistance

Title XIII Grants Awarded: \$2,315,464  
Loans Committed: \$1,832,000

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**Manhattan Health Plan, Inc.**  
New York, New York

Plan Description

Qualification Date: 10/31/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 11/77  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$1,174,487  
Loans Committed: \$3,000,000

NOTE: Federal qualification was revoked effective 4/28/81.

**Genesee Valley Group Health Association**  
Rochester, New York

Plan Description

Qualification Date: 1/30/76  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 8/73  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 381.9  
Total Physician Encounters per Member: 2.6  
Total Ambulatory Encounters per Member: 4.8

Membership Data as of 9/30/81

Total: 34,683  
Medicaid: 56  
Medicare: 551  
FEHBP: 1,059  
Average Net Change per Month: -44.3

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$34.05  
Expense per Member per Month: \$35.06

DHHS Assistance

Title XIII Grants Awarded: \$1,409,564  
Loans Committed: \$2,500,000

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**Rochester Area Health Maintenance Organization, Inc. /Preferred Care**  
Rochester, New York

Plan Description

Qualification Date: 10/18/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 11/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 417.5  
Total Physician Encounters per Member: 3.7  
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 9/30/81

Total: 12,829  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 773.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$34.64  
Expense per Member per Month: \$42.14

DHHS Assistance

Title XIII Grants Awarded: \$1,006,864  
Loans Committed: \$1,771,000

**Westchester Community Health Plan**  
White Plains, New York

Plan Description

Qualification Date: 9/28/76  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 9/76  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 490.6  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 4.5

Membership Data as of 9/30/81

Total: 18,345  
Medicaid: 0  
Medicare: 575  
FEHBP: 282  
Average Net Change per Month: 24.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$37.14  
Expense per Member per Month: \$38.72

DHHS Assistance

Title XIII Grants Awarded: \$1,114,902  
Loans Committed: \$3,000,000

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**West River HMO**  
Hettinger, North Dakota

Plan Description

Qualification Date: 3/19/79  
Sponsorship: Consumer  
Non-Metropolitan: Yes  
Operational Date: 9/78  
Type of Practice: Group  
MUA Priority: Yes

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 715.6  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 3.3

Membership Data as of 9/30/81

Total: 3,913  
Medicaid: 0  
Medicare: 186  
FEHBP: 0  
Average Net Change per Month: 75.5

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$33.06  
Expense per Member per Month: \$31.90

DHHS Assistance

Title XIII Grants Awarded: \$740,343  
Loans Committed: \$399,000

**Kaiser Community Health Plan of Ohio**  
Cleveland, Ohio

Plan Description

Qualification Date: 10/27/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 7/64  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 434  
Total Physician Encounters per Member: 3.0  
Total Ambulatory Encounters per Member: 4.1

Membership Data as of 12/31/80

Total: 123,447  
Medicaid: 0  
Medicare: 6,721  
FEHBP: 7,124  
Average Net Change per Month: 209

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$38.07  
Expense per Member per Month: \$38.07

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

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**Marion Health Foundation, Inc.**

Marion, Ohio

Plan Description

Qualification Date: 11/30/76  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 5/76  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 587.2  
Total Physician Encounters per Member: 5.2  
Total Ambulatory Encounters per Member: 6.1

Membership Data as of 9/30/81

Total: 13,027  
Medicaid: 0  
Medicare: 907  
FEHBP: 94  
Average Net Change per Month: -29.2

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$35.56  
Expense per Member per Month: \$34.76

DHHS Assistance

Title XIII Grants Awarded: \$419,115  
Loans Committed: None

**The Toledo Plan /Health Plus**  
Toledo, Ohio

Plan Description

Qualification Date: 10/30/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 10/78  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Period Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$1,174,900  
Loans Committed: \$2,500,000

NOTE: Federal qualification was revoked effective 10/29/80.

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**Prudential Health Care Plan of Oklahoma, Inc.**  
Oklahoma City, Oklahoma

Plan Description

Qualification Date: 5/19/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 4/81  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 293.7  
Total Physician Encounters per Member: 2.9  
Total Ambulatory Encounters per Member: 3.5

Membership Data as of 9/30/81

Total: 2,628  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 300.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$48.08  
Expense per Member per Month: \$94.14

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.



**Lane Group Health Services, Inc. dba Select Care**  
Eugene, Oregon

Plan Description

Qualification Date: 10/29/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 11/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 454.7  
Total Physician Encounters per Member: 3.4  
Total Ambulatory Encounters per Member: 4.9

Membership Data as of 9/30/81

Total: 6,349  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 205

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$39.90  
Expense per Member per Month: \$53.12

DHHS Assistance

Title XIII Grants Awarded: \$715,857  
Loans Committed: \$1,896,000

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**Physicians Association of Clackamas County, Inc.**  
Gladstone, Oregon

Plan Description

Qualification Date: 3/29/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 3/38  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 844  
Total Physician Encounters per Member: 3.6  
Total Ambulatory Encounters per Member: 3.6

Membership Data as of 12/31/80

Total: 9,309  
Medicaid: 0  
Medicare: 4,272  
FEHBP: 0  
Average Net Change per Month: 317

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$45.31  
Expense per Member per Month: \$45.87

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

**Health Maintenance of Oregon, Inc.**  
Portland, Oregon

Plan Description

Qualification Date: 6/9/78  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/77  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 695.6  
Total Physician Encounters per Member: 5.1  
Total Ambulatory Encounters per Member: 8.8

Membership Data as of 9/30/81

Total: 7,886  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: -685.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$52.60  
Expense per Member per Month: \$56.10

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

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**Kaiser Foundation Health Plan of Oregon**  
Portland, Oregon

Plan Description

Qualification Date: 10/27/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 9/45  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 12/31/80

Hospital Days per 1,000 Members: 375  
Total Physician Encounters per Member: 2.7  
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 12/31/80

Total: 246,213  
Medicaid: 6,892  
Medicare: 22,715  
FEHBP: 23,924  
Average Net Change per Month: 1,206

Financial Data for Year Ending 12/31/80

Income per Member per Month: \$36.92  
Expense per Member per Month: \$36.60

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for plan's fiscal year ending 12/31/80.

**Portland Metro Health, Inc.**  
Portland, Oregon

Plan Description

Qualification Date: 7/17/75  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 1/76  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 703.7  
Total Physician Encounters per Member: 5.1  
Total Ambulatory Encounters per Member: 6.4

Membership Data as of 9/30/81

Total: 21,368  
Medicaid: 1,097  
Medicare: 1,370  
FEHBP: 1,168  
Average Net Change per Month: 140.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$51.91  
Expense per Member per Month: \$54.69

DHHS Assistance

Title XIII Grants Awarded: \$455,188  
Loans Committed: \$2,500,000

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**Capitol Health Care, Inc.**  
Salem, Oregon

Plan Description

Qualification Date: 3/1/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 6/77  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 457.4  
Total Physician Encounters per Member: 3.4  
Total Ambulatory Encounters per Member: 3.9

Membership Data as of 9/30/81

Total: 18,750  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 70.8

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$34.04  
Expense per Member per Month: \$34.97

DHHS Assistance

Title XIII Grants Awarded: \$174,922  
Loan Guarantees Committed: \$1,213,000

**Eastern Pennsylvania HMO**  
Allentown, Pennsylvania

Plan Description

Qualification Date: 2/9/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 2/79  
Type of Practice: IPA  
MUA Priority: No

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

DHHS Assistance

Title XIII Grants Awarded: \$649,277  
Loans Committed: \$2,078,000

NOTE: Federal qualification was revoked effective 9/11/81.

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**Greater Delaware Valley Health Care, Inc./The Health Plan**  
Newtown Square, Pennsylvania

Plan Description

Qualification Date: 10/30/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 4/78  
Type of Practice: IPA  
MUA Priority: No

Membership Data as of 9/30/81

Total: 10,410  
Medicaid: 0  
Medicare: 0  
FEHBP: 362  
Average Net Change per Month: 262.4

DHHS Assistance

Title XIII Grants Awarded: \$ 878,199  
Loans Committed: \$1,793,000

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Financial Data for Period Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 618.9  
Total Physician Encounters per Member: 4.1  
Total Ambulatory Encounters per Member: 4.1

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$40.97  
Expense per Member per Month: \$44.11

**Health Service Plan of Pennsylvania**  
Philadelphia, Pennsylvania

Plan Description

Qualification Date: 4/26/76  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 4/74  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 353.1  
Total Physician Encounters per Member: 3.4  
Total Ambulatory Encounters per Member: 3.4

Membership Data as of 9/30/81

Total: 23,499  
Medicaid: 0  
Medicare: 409  
FEHBP: 2,086  
Average Net Change per Month: 284.6

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$35.45  
Expense per Member per Month: \$35.41

DHHS Assistance

Title XIII Grants Awarded: \$383,257  
Loans Committed: \$3,100,000

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**Philadelphia Health Plan**  
Philadelphia, Pennsylvania

Plan Description

Qualification Date: 4/13/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 3/74  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 393.7  
Total Physician Encounters per Member: 2.1  
Total Ambulatory Encounters per Member: 3.1

Membership Data as of 9/30/81

Total: 23,800  
Medicaid: 1,515  
Medicare: 0  
FEHBP: 2,052  
Average Net Change per Month: -41

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$37.20  
Expense per Member per Month: \$38.88

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: \$550,000



**Penn Group Health Plan**  
Pittsburgh, Pennsylvania

Plan Description

Qualification Date: 11/28/75  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 6/75  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 356.6  
Total Physician Encounters per Member: 3.8  
Total Ambulatory Encounters per Member: 4.7

Membership Data as of 9/30/81

Total: 19,208  
Medicaid: 0  
Medicare: 0  
FEHBP: 725  
Average Net Change per Month: 13

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$36.19  
Expense per Member per Month: \$35.99

DHHS Assistance

Title XIII Grants Awarded: \$1,498,781  
Loans Committed: \$3,280,000

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**U.S. Health Care Systems, Inc./HMO of Pennsylvania**  
Willow Grove, Pennsylvania

Plan Description

Qualification Date: 6/1/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 8/76  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 486.1  
Total Physician Encounters per Member: 4.5  
Total Ambulatory Encounters per Member: 4.5

Membership Data as of 9/30/81

Total: 80,975  
Medicaid: 0  
Medicare: 1,370  
FEHBP: 3,557  
Average Net Change per Month: 2,421

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$35.07  
Expense per Member per Month: \$33.49

DHHS Assistance

Title XIII Grants Awarded: \$815,106  
Loans Committed: None

NOTE: U.S. Health Care Systems, Inc. entered into a "sale of assets" with HMO of Pennsylvania in September 1981.

**Rhode Island Group Health Association**  
Providence, Rhode Island

Plan Description

Qualification Date: 10/30/75  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 6/71  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 391  
Total Physician Encounters per Member: 4.4  
Total Ambulatory Encounters per Member: 4.7

Membership Data as of 9/30/81

Total: 33,578  
Medicaid: 170  
Medicare: 1,733  
FEHBP: 2,519  
Average Net Change per Month: 174.4

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$38.96  
Expense per Member per Month: \$39.94

DHHS Assistance

Title XIII Grants Awarded: \$1,615,339  
Loans Committed: \$2,500,000

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**Piedmont Health Care Corporation**  
Greenville, South Carolina

Plan Description

Qualification Date: 6/26/75  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 5/75  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 546.9  
Total Physician Encounters per Member: 4.1  
Total Ambulatory Encounters per Member: 4.7

Membership Data as of 9/30/81

Total: 7,705  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 155.5

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$29.26  
Expense per Member per Month: \$28.35

DHHS Assistance

Title XIII Grants Awarded: \$70,860  
Loans Committed: None

**Health First**  
Memphis, Tennessee

<u>Plan Description</u>	<u>Utilization Data for Year Ending 9/30/81</u>
Qualification Date: 1/27/81	Hospital Days per 1,000 Members: 315.2
Sponsorship: Consumer	Total Physician Encounters per Member: 2.9
Non-Metropolitan: No	Total Ambulatory Encounters per Member: 3.3
Operational Date: 2/81	
Type of Practice: Staff	
MUA Priority: Yes	

<u>Membership Data as of 9/30/81</u>	<u>Financial Data for Year Ending 9/30/81</u>
Total: 3,169	Income per Member per Month: \$35.86
Medicaid: 0	Expense per Member per Month: \$99.50
Medicare: 0	
FEHBP: 0	
Average Net Change per Month: 499.8	

<u>DHHS Assistance</u>
Title XIII Grants Awarded: \$1,353,719
Loans Committed: \$2,579,000

NOTE: Data are for period from date of qualification to 9/30/81.

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**Prudential Health Care Plan, Inc. - Nashville**  
Nashville, Tennessee

<u>Plan Description</u>	<u>Utilization Data for Year Ending 9/30/81</u>
Qualification Date: 1/27/81	Hospital Days per 1,000 Members: 544.3
Sponsorship: Private	Total Physician Encounters per Member: 4.9
Non-Metropolitan: No	Total Ambulatory Encounters per Member: 5.3
Operational Date: 9/80	
Type of Practice: Group	
MUA Priority: No	

<u>Membership Data as of 9/30/81</u>	<u>Financial Data for Year Ending 9/30/81</u>
Total: 7,377	Income per Member per Month: \$27.89
Medicaid: 0	Expense per Member per Month: \$49.02
Medicare: 0	
FEHBP: 0	
Average Net Change per Month: 285.3	

<u>DHHS Assistance</u>
Title XIII Grants Awarded: None
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81. This is a regional component of Prudential Health Care Plan, Inc. - Houston.

**Prudential Health Care Plan, Inc. - Austin**  
Austin, Texas

Plan Description

Qualification Date: 1/27/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 10/80  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 352.5  
Total Physician Encounters per Member: 6.1  
Total Ambulatory Encounters per Member: 6.3

Membership Data as of 9/30/81

Total: 17,237  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 3,420.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$32.00  
Expense per Member per Month: \$58.16

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81. This is a regional component of Prudential Health Care Plan, Inc. - Houston.

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**Texas Prepaid Health Plan**  
Bellaire, Texas

Plan Description

Qualification Date: 5/31/79  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 1/78  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Period Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: None  
Loan Guarantees Committed: \$1,612,300

NOTE: Federal qualification was revoked effective 11/12/80.

**INA Healthplan of Texas, Inc.**  
Dallas, Texas

Plan Description

Qualification Date: 7/1/80  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/80  
Type of Practice: IPA  
MUA Priority: No

Membership Data as of 9/30/81

Total: 14,589  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 1,174.5

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 261.9  
Total Physician Encounters per Member: 2.7  
Total Ambulatory Encounters per Member: 3.1

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$37.02  
Expense per Member per Month: \$52.97

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**Kaiser/Prudential Health Plan**  
Dallas, Texas

Plan Description

Qualification Date: 5/30/79  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 6/79  
Type of Practice: Group  
MUA Priority: No

Membership Data as of 9/30/81

Total: 23,349  
Medicaid: 0  
Medicare: 193  
FEHBP: 1,369  
Average Net Change per Month: 769.7

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 406.3  
Total Physician Encounters per Member: 2.0  
Total Ambulatory Encounters per Member: 3.2

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$40.38  
Expense per Member per Month: \$49.51



**Group Health of El Paso**  
El Paso, Texas

Plan Description

Qualification Date: 2/27/78  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 9/77  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$962,129  
Loans Committed: \$1,145,000

NOTE: Federal qualification was revoked effective 5/18/81.

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**MetroCare**  
Eules, Texas

Plan Description

Qualification Date: 1/30/79  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 2/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 6/30/81

Hospital Days per 1,000 Members: 416.1  
Total Physician Encounters per Member: 3.3  
Total Ambulatory Encounters per Member: 3.7

Membership Data as of 6/30/81

Total: 4,868  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 170.9

Financial Data for Year Ending 6/30/81

Income per Member per Month: \$36.78  
Expense per Member per Month: \$46.39

DHHS Assistance

Title XIII Grants Awarded: \$1,207,181  
Loans Committed: \$1,691,000

**Prudential Health Care Plan, Inc.**  
Houston, Texas

Plan Description

Qualification Date: 6/2/76  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/76  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 405.2  
Total Physician Encounters per Member: 3.9  
Total Ambulatory Encounters per Member: 4.2

Membership Data as of 9/30/81

Total: 57,450  
Medicaid: 0  
Medicare: 0  
FEHBP: 1,476  
Average Net Change per Month: 1,477.2

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$38.92  
Expense per Member per Month: \$37.42

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: There are four additional regional components for this HMO: Atlanta; Austin; Glenview (Illinois); and Nashville. The data for these components are included in separate profiles.

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**Good Health Plus, Inc.**  
San Antonio, Texas

Plan Description

Qualification Date: 12/4/78  
Sponsorship: Hospital  
Non-Metropolitan: No  
Operational Date: 12/78  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 389.7  
Total Physician Encounters per Member: 3.5  
Total Ambulatory Encounters per Member: 4.0

Membership Data as of 9/30/81

Total: 10,583  
Medicaid: 0  
Medicare: 188  
FEHBP: 1,159  
Average Net Change per Month: 152.9

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$39.86  
Expense per Member per Month: \$45.98

DHHS Assistance

Title XIII Grants Awarded: \$1,581,215  
Loans Committed: \$2,452,000

**Cooperative Health Plan of Greater Spokane**  
Spokane, Washington

Plan Description

Qualification Date: 8/30/77  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/77  
Type of Practice: Group  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 429.5  
Total Physician Encounters per Member: 3.4  
Total Ambulatory Encounters per Member: 3.8

Membership Data as of 9/30/81

Total: 18,893  
Medicaid: 892  
Medicare: 965  
FEHBP: 0  
Average Net Change per Month: 321.2

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$37.25  
Expense per Member per Month: \$47.76

DHHS Assistance

Title XIII Grants Awarded: \$1,172,480  
Loans Committed: \$3,428,000

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**Sound Health Association**  
Tacoma, Washington

Plan Description

Qualification Date: 11/26/74  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 4/74  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members:  
Total Physician Encounters per Member:  
Total Ambulatory Encounters per Member:

Membership Data as of 9/30/81

Total:  
Medicaid:  
Medicare:  
FEHBP:  
Average Net Change per Month:

Financial Data for Year Ending 9/30/81

Income per Member per Month:  
Expense per Member per Month:

DHHS Assistance

Title XIII Grants Awarded: \$304,738  
Loans Committed: \$2,500,000

NOTE: Federal qualification was revoked effective 4/2/79.

**Healthwise, Incorporated**  
Beckley, West Virginia

Plan Description

Qualification Date: 11/6/79  
Sponsorship: Consumer  
Non-Metropolitan: Yes  
Operational Date: 8/79  
Type of Practice: IPA  
MUA Priority: Yes

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 636.4  
Total Physician Encounters per Member: 1.9  
Total Ambulatory Encounters per Member: 2.9

Membership Data as of 9/30/81

Total: 7,466  
Medicaid: 0  
Medicare: 1,060  
FEHBP: 0  
Average Net Change per Month: 301.7

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$39.73  
Expense per Member per Month: \$50.13

DHHS Assistance

Title XIII Grants Awarded: \$1,019,769  
Loans Committed: \$1,928,000

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**The Health Plan of the Upper Ohio Valley, Inc.**  
Wheeling, West Virginia

Plan Description

Qualification Date: 7/9/80  
Sponsorship: Physician  
Non-Metropolitan: No  
Operational Date: 11/79  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 699.3  
Total Physician Encounters per Member: 3.5  
Total Ambulatory Encounters per Member: 5.3

Membership Data as of 9/30/81

Total: 19,454  
Medicaid: 0  
Medicare: 0  
FEHBP: 0  
Average Net Change per Month: 810

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$40.85  
Expense per Member per Month: \$48.60

DHHS Assistance

Title XIII Grants Awarded: \$780,571  
Loans Committed: \$1,989,000

**Group Health Cooperative of South Central Wisconsin**  
Madison, Wisconsin

Plan Description

Qualification Date: 6/27/77  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 3/76  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 393  
Total Physician Encounters per Member: 2.0  
Total Ambulatory Encounters per Member: 4.4

Membership Data as of 9/30/81

Total: 12,365  
Medicaid: 89  
Medicare: 0  
FEHBP: 642  
Average Net Change per Month: 224.2

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$41.02  
Expense per Member per Month: \$41.41

DHHS Assistance

Title XIII Grants Awarded: \$1,250,000  
Loans Committed: \$2,500,000

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**Compcare Health Services**  
Milwaukee, Wisconsin

Plan Description

Qualification Date: 4/30/81  
Sponsorship: Private  
Non-Metropolitan: No  
Operational Date: 7/80  
Type of Practice: IPA  
MUA Priority: No

Utilization Data for Year Ending 9/30/81

Hospital Days per 1,000 Members: 462  
Total Physician Encounters per Member: 8.2  
Total Ambulatory Encounters per Member: 8.2

Membership Data as of 9/30/81

Total: 45,528  
Medicaid: 0  
Medicare: 620  
FEHBP: 1,745  
Average Net Change per Month: 1,146.3

Financial Data for Year Ending 9/30/81

Income per Member per Month: \$45.81  
Expense per Member per Month: \$46.40

DHHS Assistance

Title XIII Grants Awarded: None  
Loans Committed: None

NOTE: Data are for period from date of qualification to 9/30/81.



**Family Health Plan Cooperative**  
Milwaukee, Wisconsin

Plan Description

Qualification Date: 2/22/79  
Sponsorship: Consumer  
Non-Metropolitan: No  
Operational Date: 2/79  
Type of Practice: Staff  
MUA Priority: No

Utilization Data for Period Ending 9/30/81

Hospital Days per 1,000 Members: 471.8  
Total Physician Encounters per Member: 3.1  
Total Ambulatory Encounters per Member: 5.2

Membership Data as of 9/30/81

Total: 17,717  
Medicaid: 0  
Medicare: 51  
FEHBP: 301  
Average Net Change per Month: 731.8

Financial Data for Period Ending 9/30/81

Income per Member per Month: \$46.50  
Expense per Member per Month: \$46.77

DHHS Assistance

Title XIII Grants Awarded: \$1,211,415  
Loans Committed: \$2,058,000

## APPENDICES

GRANTS & LOANS AWARDED IN FY 1981

	Type of Grant	Model	Sponsor	Non- Metro	MUA	FY 81 Grants \$	Loans FY 81 \$	Date of Loan
<u>Region I</u>								
<u>Connecticut</u>								
Community Health Care Center Plan, Inc. New Haven	ID-X	Staff	Consumer	-	-	254,527		
Hartford Cty. Med. Assn. Hartford	F	IPA	Physician	-	-	75,000		
Greater Bridgeport Medical Fdn./ Physicians Health Services Trumbull	None	IPA	Physician	-	-		885,000	2/2/81
<u>Massachusetts</u>								
No. Central Mass. HMO Leominster	P(s)	IPA	Hospital	-	-	15,629		
Northshore (Union Hospital) Lynn	F(s)	IPA	Hospital	-	-	17,582		
Tufts Assoc. HMO Newton Corner	P	IPA	Medical School	-	-	89,117		
Valley Health Plan Amherst	P(s)-X	Group	Public	x	-	4,086		
<u>New Hampshire</u>								
Matthew Thornton Health Plan, Inc. Nashua	ID-X	Staff	Physician	x	-	795,000		
<u>Vermont</u>								
Green Mountain Burlington	ID	IPA	Physician	x	x	125,345		

**KEY:** **F**-Feasibility; **P**-Planning; **ID**-Initial Development; **X**-Expansion; **(s)**-Supplement;  
**IPA**-Individual Practice Association; **MUA**-Medically Underserved Area

\*Supplemental Direct Loan

	Type of Grant	Model	Sponsor	Non-Metro	MUA	FY 81 Grants \$	Loans FY 81 \$	Date of Loan
<u>Region II</u>								
<u>New Jersey</u>								
Healthways, Inc. Iselin	ID(s)	IPA	Physician	-	-	102,553	1,108,000	8/6/81
HIP of Greater N.J., Inc. West New York	None	Staff	Private	-	-		1,012,000*	2/1/81
Rutgers Community Health Plan New Brunswick	ID-X ID(s)-X	Staff	Consumer	-	-	750,000 6,649		
<u>New York</u>								
Community Health Plan of Suffolk, Inc. Hauppauge	None	Staff	Consumer	-	-		948,000*	1/6/81
Health Svcs. Med. Corp. of Central New York, Inc. Baldwinsville	ID-X	Group	Consumer	-	-	698,636		
Healthshield, Inc. Poughkeepsie	ID	Staff	Public	-	-	750,000		
The Health Care Plan, Inc. Buffalo	ID-X	Staff	Consumer	-	x	750,000		
Nassau Plan for Health Care Mineola	ID ID(s)	Staff	Consumer	-	-	100,000 1,350,000		
<u>Region III</u>								
<u>Maryland</u>								
Metro Baltimore Health Care, Inc. (Care First Plan) Baltimore	ID-X	Staff	Consumer	-	-	150,000	500,000*	6/18/81
Prepaid Health of Maryland Baltimore	P	Group	Consumer	-	-	93,713		

**KEY:** F-Feasibility; P-Planning; ID-Initial Development; X-Expansion; (s)-Supplement; IPA-Individual Practice Association; MUA-Medically Underserved Area

\*Supplemental Direct Loan

	Type of Grant	Model	Sponsor	Non-Metro	MUA	FY 81 Grants \$	Loans FY 81 \$	Date of Loan
<u>Region III (Cont)</u>								
<u>Pennsylvania</u>								
Alle Kiske Valley Health Plan	P ID	Group	Consumer	-	x	15,000		
New Kensington	ID(s)					459,543		
						6,207		
<u>Virginia</u>								
Piedmont Med. Plan	F	IPA	Consumer	x	-	70,200		
Charlottesville	F					11,500		
<u>Region IV</u>								
<u>Florida</u>								
Capital Group Health Services	ID	Staff	Private	-	-	1,307,447		
Tallahassee								
Av-Med Health Plan, Inc.	None	IPA	Physician	-	-		950,000*	3/3/81
Miami								
Coord. Health Delivery Systems	F	Unk	Consumer	-	x	75,000		
St. James City								
Healthcare of Broward, Inc.	ID(s)	Staff	Consumer	-	-	210,570	2,920,000	8/24/81
Ft. Lauderdale								
Florida Prepaid Health Care	F	Group	Consumer	-	x	50,000		
Jacksonville								
Spanish American Health Systems	P	Staff	Consumer	-	-	8,457		
Miami								
<u>Georgia</u>								
Georgia Med. Plan	P(s)	IPA	Physician	-	-	18,135		
Atlanta	ID					519,286		
Georgia Medical Soc.	F	IPA	Physician	-	x	75,000		
Savannah								

**KEY:** F-Feasibility; P-Planning; ID-Initial Development; X-Expansion; (s)-Supplement; IPA-Individual Practice Association; MUA-Medically Underserved Area

\*Supplemental Direct Loan



	Type of Grant	Model	Sponsor	Non- Metro	MUA	FY 81 Grants \$	Loans FY 81 \$	Date of Loan
<u>Region IV (Cont)</u>								
<u>Kentucky</u>								
Hunter Health Plan Lexington	ID	Staff	Consumer	-	x	1,052,862		
<u>Mississippi</u>								
Healthcare, Inc. Jackson	P	Group	Consumer	-	x	2,399		
<u>Tennessee</u>								
East Tennessee Health Care Knoxville	P P(s) P(s)	Group	Consumer	-	-	130,226 14,468 3,251		
Health First Memphis	None	Staff	Consumer	-	x		2,579,000	2/17/81
<u>Region V</u>								
<u>Illinois</u>								
Clinicare Rockford	F ID	Group	Hospital	-	-	40,000 400,000		
Coop. Health Plan Chicago	F(s)	IPA	Physician	-	x	1,845		
<u>Indiana</u>								
Ft. Wayne Metro. Health Ft. Wayne	P P(s) P(s) ID	Staff	Consumer	-	-	40,000 39,958 23,505 1,100,000		
<u>Michigan</u>								
Grand Valley Health Plan Grand Rapids	F	Group	Consumer	-	x	30,000		
<u>Ohio</u>								
Medical Founda- tion of Bellaire Bellaire	ID	Group	Consumer	-	-	311,555		

**KEY:** **F**-Feasibility; **P**-Planning; **ID**-Initial Development; **X**-Expansion; **(s)**-Supplement;  
**IPA**-Individual Practice Association; **MUA**-Medically Underserved Area

\*Supplemental Direct Loan

	Type of Grant	Model	Sponsor	Non-Metro	MUA	FY 81 Grants \$	Loans FY 81 \$	Date of Loan
<u>Region VI</u>								
<u>Arkansas</u>								
Baptist Medical Center Systems Little Rock	F	Group	Hospital	-	x	69,640		
<u>New Mexico</u>								
Lovelace Health Plan Albuquerque	P(s) ID	Group	Hospital	-	-	13,887 400,780		
<u>Region VII</u>								
<u>Kansas</u>								
Community Health Care Assoc./ Health Care Plus Wichita	None	IPA	Consumer	-	-	-	1,188,000	8/17/81
Kansas City Health Plan Kansas City	F ID	Group	Hospital	-	-	32,000 525,250		
Preferred Care Topeka	P	Group	Consumer	-	-	40,000		
<u>Missouri</u>								
Group Health Plan of Greater St. Louis St. Louis	ID	Group	Consumer	-	-	1,565,411		
Midwest Health Plan St. Louis	ID ID(s) ID(s)	Staff	Consumer	-	-	35,500 10,000 1,507,123		
Northland Health Services Kansas City	F F(s)	IPA	Physician	-	-	35,000 3,680		

**KEY:** F-Feasibility; P-Planning; ID-Initial Development; X-Expansion; (s)-Supplement; IPA-Individual Practice Association; MUA-Medically Underserved Area

\*Supplemental Direct Loan

	Type of Grant	Model	Sponsor	Non- Metro	MUA	FY 81 Grants \$	Loans FY 81 \$	Date of Loan
<u>Region VIII</u>								
<u>Colorado</u>								
Arapahoe Medical Services, Inc. Englewood	ID(s)	IPA	Hospital	-	-	85,000	1,142,000	5/28/81
<u>North Dakota</u>								
Dakota Community Health Plan Bismarck	ID(s)	Group	Consumer	-	-	39,085		
Hub of America Rugby	P(s) P(s) ID	Group	Physician	x	x	14,549 35,000 371,275		
<u>Region IX</u>								
<u>California</u>								
Herrick Alta Bates Services/ HEALS Emeryville	None	IPA	Hospital	-	-		1,773,000	8/5/81
Inland Health Plan San Bernardino	None	IPA	Physician	-	x		1,737,000	9/11/81
Ventura County HMO Ventura	P(s) P(s) ID	IPA	Physician	-	-	7,407 1,095 390,000		
Watts Health Foundation Los Angeles	ID(s)	Group	Consumer	-	x	90,656		
<u>Hawaii</u>								
Island Care Lihue, Kauai	None	IPA	Physician	-	-		203,000	7/1/81
<u>Nevada</u>								
Excalibur Medical Foundation Sparks	F	Group	Physician	-	-	15,385		
<u>Region X</u>								
None								

**KEY:** F-Feasibility; P-Planning; ID-Initial Development; X-Expansion; (s)-Supplement;  
IPA-Individual Practice Association; MUA-Medically Underserved Area

\*Supplemental Direct Loan

FUNDING BY TYPE OF GRANT  
FISCAL YEAR 1981

<u>Type of Grant</u>	<u>Development</u>	<u>Expansion</u>	<u>Totals</u>
<u>Feasibility</u>			
Grants	12		12
Supplements	3		3
Dollars	601,832		601,832
<u>Planning</u>			
Grants	8		8
Supplements	11	1	12
Dollars	605,796	4,086	609,882
<u>Initial Development</u>			
Grants	16	6	22
Supplements	9	1	10
Dollars	12,815,448	3,404,812	16,220,260
<u>TOTALS</u>			
Grants	36	6	42
Supplements	23	2	25
Dollars	14,023,076	3,408,898	17,431,974

GRANT ASSISTANCE: FISCAL YEARS 1975-1981

<u>Fiscal Year</u>	<u>Feasibility</u>	<u>Planning</u>	<u>Initial Development</u>	<u>Total</u>
<u>1975</u>				
Grants	108	31	33	172
Supplements	-	1	6	7
Dollars	\$5,196,281	\$3,758,745	\$13,507,274	\$22,462,300
Organizations				157
<u>1976</u>				
Grants	11	42	20	73
Supplements	3	2	19	24
Dollars	\$ 509,370	\$5,080,602	\$12,580,368	\$18,170,340
Organizations				72
<u>1977</u>				
Grants	5	15	26	46
Supplements	1	11	13	25
Dollars	\$ 208,686	\$2,223,133	\$14,515,510	\$16,947,329
Organizations				54
<u>1978</u>				
Grants	66	13	21	100
Supplements	2	15	25	42
Dollars	\$4,543,193	\$2,068,433	\$10,367,195	\$16,978,821
Organizations				114
<u>1979</u>				
Grants	47	39	15	101
Supplements	23	19	37	79
Dollars	\$3,245,762	\$6,819,324	\$10,895,573	\$20,960,659
Organizations				114



1980

Grants	52	45	26	123
Supplements	15	13	17	45
Dollars	\$3,832,316	\$8,338,276	\$20,064,439	\$32,235,031
Organizations				125

1981

Grants	12	8	22	42
Supplements	3	12	10	25
Dollars	\$ 601,832	\$ 609,882	\$16,220,260	\$17,431,974
Organizations				46

GRANT ASSISTANCE FISCAL YEARS 1975-1981

<u>Fiscal Year</u>	<u>Feasibility</u>	<u>Planning</u>	<u>Initial Development</u>	<u>Total</u>
<u>FY 1975-1981</u>				
Grants	301	193	163	657
Supplements	47	73	127	247
Dollars	\$18,137,440	\$28,898,395	\$98,150,619	\$145,186,454
Organizations** (Cumulative)				309

\*\* The cumulative number of organizations represents the number of organizations ever funded, that is, each organization is counted only once regardless of the number of grants or supplements it has been awarded during the cumulative period.

LOAN AND LOAN GUARANTEE  
ACTIVITY DURING FY 1981

1981	<u>New</u> Direct Loans	<u>Amount</u>
1.	Healthways, Inc. Iselin, New Jersey	\$ 1,108,000
2.	Healthcare of Broward, Inc. Ft. Lauderdale, Florida	2,920,000
3.	Community Health Care Association/Health Care Plus Wichita, Kansas	1,188,000
4.	Inland Health Plan San Bernardino, California	1,737,000
5.	Arapahoe Medical Services, Inc. Englewood, Colorado	1,142,000
6.	Island Care Lihue, Kauai, Hawaii	203,000
7.	Herrick Alta Bates Services/HEALS Emeryville, California	1,773,000
8.	Greater Bridgeport Medical Foundation/Physicians Health Service Trumbull, Connecticut	885,000
9.	Health First Memphis, Tennessee	<u>2,579,000</u>
	Total Direct Loans FY 1981	\$13,535,000
	<u>New</u> Guaranteed Loans	\$ -0-

1981     Supplements

Direct Loans

1.	Community Health Plan of Suffolk, Inc. Hauppauge, New York	\$    948,000
2.	HIP of Greater New Jersey, Inc. West New York, New Jersey	1,012,000
3.	Metro Baltimore Health Care Inc. (Care First Plan) Baltimore, Maryland	<u>500,000</u>
	Total Supplemental Direct Loan FY 1981	\$ 2,460,000

Guaranteed Loans

1.	Av-Med Health Plan, Inc. Miami, Florida	<u>\$    950,000</u>
	Total Supplemental Guaranteed Loans FY 1981	\$    950,000

SUMMARY OF THE NUMBER OF LOANS, LOAN GUARANTEES,  
SUPPLEMENTS, AND DOLLARS DISTRIBUTED  
UNDER TITLE XIII OF THE PHS ACT,  
FISCAL YEARS 1975-1981

Fiscal Year	Loans	Loan Supplements	Loan Guarantees	Supplements	Total
<u>1975</u>					
Number	2	-	-	-	2
Dollars	\$ 2,446,000	-	-	-	\$ 2,446,000
<u>1976</u>					
Number	15	1	-	-	16
Dollars	\$ 22,354,000	\$ 228,000	-	-	\$ 22,582,000
<u>1977</u>					
Number	14	3	1	-	18
Dollars	\$ 31,602,000	\$ 3,384,000	\$1,182,000	-	\$ 36,168,000
<u>1978</u>					
Number	13	5	2	-	20
Dollars	\$ 26,833,000	\$ 4,267,000	\$2,313,000	-	\$ 33,413,000
<u>1979</u>					
Number	21	6	2	-	29
Dollars	\$ 38,281,000	\$ 4,280,000	\$1,612,300	-	\$ 44,173,300
<u>1980</u>					
Number	16	10	-	2	28
Dollars	\$ 28,930,000	\$ 5,994,000	-	\$2,698,000	\$ 37,622,000
<u>1981</u>					
Number	9	3	-	1	13
Dollars	\$ 13,535,000	\$ 2,460,000	-	\$ 950,000	\$ 16,945,000
<u>1975-1981</u>					
Number	90	28	5(1)	3	126
Dollars	\$163,981,000	\$20,613,000	\$5,107,300	\$3,648,000	\$193,349,300

(1) Includes one ID loan guarantee in FY 1979.

## Appendix 6

REVOLVING LOAN FUND STATUS  
as of September 30, 1981

Initial Fund Balance			\$ 35,000,000.00
<u>Defaulted Notes</u>			
1. Notes Declared Uncollectible Repurchased from FFB			
Par Value	\$ 15,748,000.00		
Gain on Repurchase	<u>(520,972.00)</u>	\$15,227,028.00	
2. Notes Declared Uncollectible to be Repurchased from FFB and Private Bank		<u>20,326,300.00</u>	<u>(35,553,328.00)</u>
3. Recoveries from Liquidation Proceedings			<u>1,307,929.00</u> <u>754,601.00</u>
<u>Sales to FFB</u>			
Par Value of Sales	\$139,686,000.00		
Proceeds from Sales	<u>133,497,863.06</u>		
Discounts on Sales			(6,188,136.94)
Waiver and/or deferment of Principal and Interest			(1,146,848.39)
Principal and interest earned on notes held by HHS in Loan Fund less interest payments to FFB on defaulted notes held by FFB			<u>2,305,259.84</u>
Fund Balance as of September 30, 1981			<u>\$ (4,275,124.49)</u>



HMOs QUALIFIED IN FY 1981

<u>Name and Location of HMO</u>	<u>Model</u>	<u>Date Qualified</u>
International Medical Centers, Inc. Hialeah, Florida	Staff	11/80
Columbia Medical Plan, Inc. Columbia, Maryland	Group	12/80
Greater Bridgeport Medical Foundation/Physicians Health Services Trumbull, Connecticut	IPA	12/80
Health First Memphis, Tennessee	Staff	1/81
Pomona Valley Health Plan Pomona, California	IPA	1/81
Prudential Health Care Plan, Inc. Austin, Texas	Group	1/81
Prudential Health Care Plan, Inc. Nashville, Tennessee	Group	1/81
Compcare Health Services Milwaukee, Wisconsin	IPA	4/81
Prudential Health Care Plan, Inc. Atlanta, Georgia	Group	4/81
INA Healthplan of Tucson, Inc. Tucson, Arizona	IPA	5/81
Arapahoe Medical Services, Inc. Englewood, Colorado	IPA	5/81
Prudential Health Care Plan of Oklahoma, Inc. Oklahoma City, Oklahoma	Group	5/81
Island Care Lihue, Kauai, Hawaii	IPA	5/81
Health Plan Hawaii Honolulu, Hawaii	IPA	6/81
Prudential Health Care Plan, Inc. Glenview, Illinois	Group	6/81

<u>Name and Location of HMO</u>	<u>Model</u>	<u>Date Qualified</u>
Community Health Care Association/ Health Care Plus Wichita, Kansas	IPA	6/81
INA Healthplan of Florida, Inc. Tampa, Florida	Staff	6/81
Herrick Alta Bates Services/HEALS Emeryville, California	IPA	6/81
Coordinated Health Care, Inc. St. Paul, Minnesota	Group	7/81
Healthways, Inc. Iselin, New Jersey	IPA	7/81
Healthcare of Broward, Inc. Ft. Lauderdale, Florida	Staff	7/81
INA Healthplan of Clearwater Clearwater, Florida	Staff	7/81
Inland Health Plan San Bernardino, California	IPA	8/81
Health Services Medical Corporation of Central New York, Inc. Baldwinsville, New York	Group	8/81
Ameriplan Health Services, Ltd. Atlanta, Georgia	IPA	8/81
Family Health Plan, Inc. Newton, Kansas	Group	9/81

STATES WITHOUT OPERATIONAL FEDERALLY QUALIFIED HMOs

<u>State</u>	<u>Est. Population (4/81)</u>
Alabama	3,900,000
Alaska	420,000
Arkansas	2,309,000
Delaware	602,000
Iowa	2,943,000
Louisiana	4,160,000
Maine	1,136,000
Mississippi	2,513,000
Montana	813,000
Nevada	807,000
North Carolina	5,934,000
South Dakota	697,000
Vermont	517,000
Virginia	4,400,000
Wyoming	<u>465,000</u>
TOTAL	31,616,000

HMOs WHICH FAILED IN FY 1981

<u>Name of HMO</u>	<u>Location</u>	<u>Model</u>
Comprecare, Inc.	Los Angeles, California	IPA
Group Health of El Paso	El Paso, Texas	Group
HMO of Baton Rouge, Inc.	Baton Rouge, Louisiana	Group
Idaho Health Maintenance Organization/Healthguard	Boise, Idaho	IPA
Los Padres Group Health	San Luis Obispo, California	IPA
Monumental Health Plan, Inc.	Baltimore, Maryland	IPA
Texas Prepaid Health Plan	Bellaire, Texas	IPA
The Toledo Plan/Health Plus	Toledo, Ohio	Staff

QUALIFIED HMOS WITH SIGNIFICANT INSURANCE COMPANY INVOLVEMENT  
FY 1981

<u>HMO</u>	<u>Model</u>	<u>Insurance Carrier</u>	<u>Carrier/HMO Relationship</u>
Health Plan Hawaii Honolulu, Hawaii (HPH)	non-profit IPA network	Hawaii Medical Services Assoc. (HMSA) Blue Shield Plan for Hawaii	Affiliate orig. of HMSA administrative services agreement for all administrative, financial and marketing. Key HPH staff, HMSA employees. HMSA is IPA which provides medical services under contract with HPH.
Compcare Health Services Milwaukee, Wisconsin (CHS)	non-profit IPA network	Blue Cross-Blue Shield United of Wisconsin (BCBSU)	CHS is a wholly owned subsidiary of BCBSU; general service agreement for marketing, financial and other administrative services. Contract with IPA (several groups of MD's) for medical services.
Columbia Medical Plan, Inc. Columbia, Maryland (CMP)	for-profit group	Connecticut General Insurance Co., Inc. (CB)	CMP, for-profit corporation; stock of CMP owned by Conn. General Medical Program, Inc., which is wholly owned subsidiary of Conn. General Ins. Contract with Patuxent Associates MD group for medical services. CB provides administrative, marketing and financial services.
Ameriplan Health Services, Ltd. Atlanta, Georgia	for-profit IPA	John Hancock Mutual Life Insurance Co.	Hancock/Dikewood, a management firm subsidiary is majority stockholder through holdings in general partner corporation (Ameriplan Health System) which manages HMO affairs through service agreement. Hancock/Dikewood also holds 13 of 35 limited partner shares, in which physicians have remaining investment.



<u>HMO</u>	<u>Model</u>	<u>Insurance Carrier</u>	<u>Carrier/HMO Relationship</u>
INA Healthplan of Clearwater Clearwater, Florida	for-profit staff	Insurance Company of America (INA)	INA Health Care Group (HCG) derives revenues for company from hospitals, HMOs, etc. INA Health Plans (wholly owned subsidiary of INA HCG) own or manages HMOs for insurance company. INA Health Plans Inc. purchased assets and liabilities of Prepaid Health Care of Clearwater whose qualification had been revoked.
INA Healthplan of Florida, Inc. Tampa, Florida	for-profit staff	Insurance Company of America (INA)	Newly developed HMO by INA Health Plans, Inc.
INA Healthplan of Tucson, Inc. Tucson, Arizona	for-profit IPA	Insurance Company of America (INA)	Wholly owned subsidiary of INA Healthplan of Arizona in Phoenix which is wholly owned subsidiary of INA Healthplan, Inc. of Dallas. INA Healthplan, Inc. is holding company of INA/HMOs.
Prudential Health Care Plan of Oklahoma, Inc. (PHCPO) PruCare of OK Oklahoma City, Oklahoma	for-profit group	Prudential Insurance Company of America	Wholly owned subsidiary of the Prudential through which funding, loans, and administrative and support services are provided via agreements with Prudential components.
Prudential Health Care Plan, Inc.- Houston (PHCP) Atlanta, Georgia Nashville, Tennessee Austin, Texas	for-profit group	same as above	Prudential Health Care Plan, Inc., a federally qualified HMO incorporated in State of Texas is wholly owned subsidiary of Prudential Insurance Co. Atlanta, Nashville, and Austin HMOs qualified as separate regional components of PHCP. Arrangements for funding, loans, services, etc., similar to PruCare of Oklahoma.

TECHNICAL ASSISTANCE CONTRACTS, FY 1981

1. Consolidated Technical Assistance to Developing and Operating HMOs.

Contractor: Group Health Association of America

Subcontractor: American Association of Foundations for Medical Care

The contractor assisted 28 HMOs, with 630 days of effort.

2. Technical Assessments/Assistance and Special Studies in the areas of finance and marketing.

Contractor: Jurgovan & Blair, Inc.

Seventy-four organizations were served and 629 days of effort were needed.

3. Technical Assessments/Assistance and Training to assist HMOs in the areas of quality assurance systems, health care facility plans and health care delivery systems.

The contract period does not coincide with the fiscal year, therefore, two different contractors were responsible for this contract during FY 1981. They were Group Health Association of America and American Association of Foundations for Medical Care. The contracts served 79 organizations in FY 1981 and 671 days of effort were expended.

4. Technical Assessments/Assistance in Specialty areas of acquisition, alterations, renovation and construction of HMO health care facilities.

Contractor: Phillips and Associates

Eleven organizations were assisted.

5. Develop a curriculum and conduct 16 training sessions for HMO Board members.

Contractor: Medicus Systems

Training sessions were held in 9 different cities and over 200 HMO Board members from 70 organizations participated.

6. Management Assessments of HMOs.

Contractor: Medicus Systems

The purpose of the contract was to conduct management assessments of 12 HMOs that have Federal loans and to provide limited technical assistance to the Board of Directors and the Chief Executive Officer.

7. Technical Assessments/Assistance to qualified HMOs and grantees for management information systems.

Contractor: Birch & Davis Associates, Inc.

Ten organizations were assisted in FY 1981.





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